

# DEPARTMENT OF THE NAVY BUREAU OF MEDICINE AND SURGERY 2300 E STREET NW WASHINGTON DC 20372-5300

BUMEDINST 3502.1 MED-917 21 Mar 2000

IN REPLY REFER TO

BUMEDINST 3502.1

From: Chief, Bureau of Medicine and Surgery

To: All Internal BUMED Codes

Subj: BUREAU OF MEDICINE AND SURGERY TRAINING AND DEVELOPMENT

Ref: (a) 5 CFR Part 410

(b) Joint Travel Regulations - Joint Federal Travel Regulations (JFTR) and Joint Travel Regulations (JTR)

1. Purpose. The Bureau of Medicine and Surgery's (BUMED) policy is that training be provided to ensure maximum performance of employees and to increase organizational productivity. Training programs must be systematically planned, identified, programmed, and budgeted to meet current and anticipated development needs. BUMED's training and development plan must be consistent with Department of Defense (DoD), Department of the Navy (DON), and Office of Personnel Management (OPM) policies, along with references (a) and (b).

#### 2. Cancellation. NAVMEDCOMINST 12410.1

- 3. <u>Discussion</u>. Staff training and development are essential in maintaining a competent and effective work force capable of carrying out the BUMED mission. Professional and personal growth are ongoing processes which help staff members perform their duties more effectively and gain a feeling of personal satisfaction. It is the intent of the training office to establish procedures towards providing training opportunities to experience personal and professional growth for all staff members.
- 4. Forms. DD 1556 (3-87), Request, Authorization, Agreement, Certification of Training and Reimbursement is available on Microsoft Outlook under forms. SF 1164, Claim for Reimbursement for Expenditures on Official Business, is available on your PC from the desktop, from Traveler (2) icon. BUMED 3502/1 (Rev. 03-00), Vendor Selection Worksheet is available from MED-917.

S. T. FISHER

Deputy

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#### APPENDIX

Appendix A - Instructions for Completing DD 1556 and Routing

- 5. Samples of Training Forms:
  - a. Sample of Continuation Training Form 12

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- 1. Responsibilities. Responsibilities for employee training and development are as follows:
  - a. Training Officer (MED-917)
- (1) Analyzes the training requirements of BUMED which includes conducting an Annual Training Survey.
- (2) Establishes a method of providing staff with a competency based training record. Competency is defined in this instruction as the skills, knowledge, behavior, belief, trait, and motive which underlies, and drives superior performance in a defined job description.
- (3) Assists with scheduling BUMED personnel at interagency training and training at non-government facilities.
- (4) Provides guidance and assistance on training and development matters to military and civilian personnel.
- (5) Tracks training requests, attendance, and completion. Courses not recognized by the Standard Personnel Management System (SPMS) codes require a copy of course completion record for documentation.
- (6) Announces in-house courses and courses sponsored by the Human Resource Service Center (HRSC)-Capital Region and other Government agency courses that are relevant to the training plan of BUMED.
- (7) Conducts quarterly training meetings with the Chief of Staff and the appointed training representatives.
- (8) Processes Request, Authorization, Agreement, Certification of Training and Reimbursement (DD 1556).
  - b. Managers and Supervisors
- (1) Each code will appoint one or more training representatives to maintain employee training records and issue training information. This representative will attend quarterly training meetings.
- (2) Define training requirements for the positions over which they are cognizant.

- (3) Provide input to MED-917 on training plan during midyear review and annually.
- (4) Ensure DD 1556s are forwarded to MED-917 at least 4 weeks before scheduled training.
- (5) Notify MED-917 if an emergency arises and attendance of an employee at training is not possible, and designate an alternate trainee, if necessary.
  - (6) Provide on the job training.
- (7) Conduct first-level counseling of employees in career development.

#### c. Employees

- (1) Must attend and successfully complete all mandatory training and all other training that has been requested, approved, and scheduled.
- (2) Notify the supervisor if an emergency arises and attendance at training is not possible.
- (3) Notify the training officer 1 week before training, if confirmation or DD 1556 (copy #8 or 9) is not received.
- (4) Provide evaluation of training resources by completing DD 1556, front and back of copy #9.
  - (5) Participate in the Annual Training Assessment.
  - d. Employee Development Department, HRSC-Capital Region
- (1) Provides training staff resources to provide timely, responsive, and professional assistance to management.
- (2) Ensures compliance with required training actions prescribed by references (a) and (b) and other governing laws and directives.
- (3) Provides professional assistance and counseling to employees and management officials.

(4) Records completed training for civilian employees' into official training records.

#### 2. Annual Training Plan (ATP)

- a. An ATP will be published by MED-917 based on an Annual Training Needs Survey and mandatory training. This will be established and published at the beginning of each fiscal year.
- b. <u>Definition</u>. A plan, which includes all authorized activity wide training and associated costs for the fiscal year.
- c. Systematic Needs Assessment Process. Employees and supervisors will determine training needs by considering individual and command requirements. Focus should be on identified needs with respect to command mission; systems acquisition; technology changes; increased program management responsibilities; equipment purchase and repair requirements; and career programs.

#### 3. Procedures for Submitting a DD 1556

- a. Employees and supervisors are responsible for the timely submission of DD 1556s and all supporting documentation. Reference (a), appendix H, requires a DD 1556 be typed and signed by the supervisor; BUMED requires it also be initialed by the executive assistant unless signed by the deputy, and forwarded to MED-917. MED-917 will acquire the signatures of the fiscal officer, and the authorizing official (Director for Headquarters Administration), "before" attendance at training, regardless of training costs or location.
- b. MED-917 is responsible for registration of all personnel. Failure to comply may result in a personal liability to the attendee.
- c. To ensure timely registration for training, BUMED personnel should forward the DD 1556 to MED-917 at least 4 weeks before the beginning of training. See appendix A for instructions for completion of the DD 1556.
- d. The SF 1164 (Claim for Reimbursement for Expenditures on Official Business) is not to be used in lieu of the DD 1556. Claims made on a SF 1164 for training fees must be supported by an approved DD 1556.

e. The trainee must complete blocks A and C at the top of the DD 1556 and blocks 1 through 25, 29 through 34, and 37.

#### 4. Provisions and Requirements

#### a. Financial Assistance and Time Allowed

#### (1) General Information

- (a) Payment of expenses for training or attendance at meetings/conferences may include: salary, tuition, registration fee, travel, per diem, parking fee, and approved related costs.
- (b) Training funds can be used to support attendance only when professional meetings and conferences are the primary source of the enhancement of job-related knowledge and skills.
- (c) Employees attending training are prohibited from receiving overtime pay for the period of training, unless covered by one of the exceptions in reference (a).
- (d) When training is conducted within the commuting area, the cost for the mileage between the training location and BUMED or the training location and home which ever is less may be reimbursed for training attended during duty hours. Reimbursement is based on the availability of funds as certified by MED-09 and the executive assistants. Metro Cards are available from MED-91 for employees who desire to use this option if the training site is near a Metro facility. Employees shall be allowed a reasonable amount of time to travel to and from classes and meetings.

#### (2) Training Through NonGovernment Facilities

- (a) When Government training facilities are not available, (i.e., space capability, physical locations, more costly) nonGovernment facilities may be used. Selection of the nonGovernment facilities must follow references (a) and (b).
- (b) Merit procedures will be followed when considering and selecting employees for training in a non-Government facility where promotion opportunities are involved.

- (c) Normally, civil service employees (including temporary, intermittent, etc.) with less than 1 year of continuous service, will not be selected for training in non-Government facilities, unless the training is in the best interest of BUMED, and the newly acquired skills will be used after training. If training of an employee is necessary for mission accomplishment, a request for waiver, in duplicate, must be sent through the approval chain to MED-09. If approval is granted, a DD 1556 will be issued with a copy of the approval attached.
- (d) The amount of training in nonGovernment facilities may not exceed 1 year (2087 hours) for every 10 years of Government service. MED-09 may waive this limitation, not to exceed 2 years. Requests for waivers must be made following reference (a).
- (e) The purchase of required textbooks, materials, and supplies, specific to the training incident, may be paid by BUMED. However, books purchased by the command are Government property, and employees may be required to send them to MED-09 at the conclusion of the course.
- (f) Before BUMED civilian employees can be assigned to training in nonGovernment facilities outside the United States, the Director of OPM must grant approval. In addition, a foreign training facility must not be used until the facility has been specifically designated as eligible to provide training for employees of DoD by the Assistant Secretary of Defense (Manpower, Installations, and Logistics).
- (g) Supervisors may be flexible in adjusting work hours for employees who need courses, which are only offered during the day. However, any deviation from the normal work schedule must be requested in writing. These requests will be handled on a case by case basis and, at a minimum, will require the endorsement of the supervisor and the approval of the respective deputy.

#### b. Failure to Complete Course or Unsatisfactory Grade

(1) Employees who fail to receive a satisfactory grade, or fail to complete courses financed by BUMED, will be required

to reimburse the Government for the cost of the training. Satisfactory grades (normally a "C") will be defined following the standards of the institution attended. A copy of grade report must be forwarded to MED-917 within 5 workdays of receipt of a grade report.

- (2) In some cases, situations beyond the employee's control may justify withdrawal or an unsatisfactory grade. Employees may request a waiver from payment. Requests for waivers must be made in writing, providing complete justification, via the supervisory chain to MED-09 for approval or disapproval. The decision document will be forwarded to the HRSC-Capital Region Employee Development Department, for notification of the employee.
- (3) Although employees may be disciplined for failure to complete a training assignment, supervisors must contact the HRSC-Capital Region Employee Development Department and Employee Labor Management Relations Department, to obtain procedural and regulatory guidance before taking any action.

#### c. Acceptance of Contributions, Awards, and Payments

Employees may be authorized to accept contributions, awards, or payment, in cash or in kind for training in nonGovernment facilities. To ensure all offers of contributions, awards, or payments falling within the scope of this instruction are reviewed, processed, and approved, before their actual acceptance, civilian employees will advise their supervisors of any such offers received directly from a Government (Federal, State, county, or municipal) or nonGovernment source.

#### d. Long Term Training and Education

- (1) Long-term training is defined as full-time training away from the job, for periods lasting more than 120 consecutive days. A full-time program at a university is normally at least 12 credit hours. Long-term training is generally limited to 1 year.
- (2) If long-term training is offered to employees at BUMED, information will be publicized to all civilian employees. The selection of participants will be based on fair and equitable considerations and will comply with reference (b).

#### e. Agreements to Continue in Service

(1) Agreement Required. Employees scheduled to attend Government or nonGovernment training in excess of 180 hours or more in a single program for which BUMED or DON pays all or part of the costs, must sign the Agreement of Continued Service, section E, DD 1556. This agreement, which must be entered into before actual assignment to the training, requires the employee to remain with the DON following completion of the training. When BUMED pays both the employee's salary and other costs, the employee must agree to continue in service for a period at least equal to three times the length of the training period.

#### (2) Failure to Fulfill Service Agreement

- (a) The service obligation of employees who transfer to other Government agencies will be transferred automatically to their new agency. Employees who voluntarily separate from Government employment, before the expiration of the continued service period, are required to repay the Government all, or part, of the nonsalary expenses for the training.
- (b) Employees who complete long-term training in a non-Government facility, and plan to separate from the Government before completing their service obligation, must notify HRSC-Capital Region in writing at least 21 calendar days before their planned separation. Failure to do so may obligate the employee to repay the activity in full for all nonsalary costs associated with training in the nonGovernment facility. The notification, giving a complete justification for failure to complete the service agreement, will be sent through the supervisory chain and MED-917 to the Chief, BUMED, who will make all final decisions on waiver requests. Employees, who comply with the 21-day notification stipulation, may be considered for a waiver. The repayment rate is based on the amount of remaining obligated service.
- (c) When repayment has not been waived and cannot be secured directly from the employee, action will be taken to recover the funds.

- (d) Repayment will not be required of an employee who enters on active military duty under those circumstances that permit restoration rights per reference (a) Title 5, Code of Federal Regulations, Part 353 (a subparagraph of Part 410).
- f. Required DON Training. All civilian employees must receive training in the following areas:
  - (1) Command Orientation
  - (2) Security
  - (3) Safety and Health
  - (4) AIDS/HIV
- (5) <u>Civilian Employee Assistance Program (CEAP)</u>. This course is designed to educate supervisors of civilian employees on how to effectively use the CEAP to help their employees overcome personal problems before they impact job performance or conduct.
  - (6) Computer Security
  - (7) Standards of Conduct/Ethics
- g. Training is required for civilian and military employees having specific responsibilities in the following areas:
- (1) <u>Supervisory Training</u>. 40 hours (20 hours in personnel area) required for all new civilian supervisors, during the probationary period. Four hours of annual Equal Employment Opportunity (EEO) training is required for all civilian supervisors.
- is on the development of managers, executives, and candidates for management positions. It is strongly encouraged.

- (3) <u>EEO Training</u>. Required for deputy EEO officers, special emphasis program managers, investigators, EEO counselors, and other EEO and complaint processing officials.
- (4) The DON Training in the Prevention of Sexual Harassment. Required for all military and civilian supervisors and managers. Managers and supervisors need this training to understand laws, regulations, and DON policy regarding equal employment opportunities, including the prevention of sexual harassment.
- h. <u>Evaluation of Training</u>. Evaluation is an integral part of the training program and is required by the DON.
- i. <u>Initial Evaluations</u>. The employee and respective supervisor must assess individual training activities through the use of the DD 1556 by completing and returning copy #8 or 9 to MED-917 within 2 weeks after each training incident. The purpose is to gauge the initial reaction of the employee and supervisor to the training.
- j. Records. The Employee Development Department, HRSC-Capital Region, must maintain civilian training records (e.g., copy of each DD 1556 for requested training, including no cost training to input information on completed training to the Defense Civilian Personnel Data Systems (DCPDS)). HRSC-Capital Region must receive a Xerox copy of #1 and the original copy #8 or 9 of the DD 1556 to input into DCPDS.

# TRAINING OFFICE

# VENDOR SELECTION WORKSHEET

COURSE TITLE: THE DEFENSE MESSAGE SYSTEM (DMS): A COMPREHENSIVE INTRODUCTION

| COMMENTS  | H | THIS VENDOR PROVIDES TRAINING BUT NOT ENOUGH INDEPTH TRAINING FOR DMS AND NO HANDS ON TRAINING (3 DAYS) |                                      | THIS VENDOR IS MORE INDEPTH HANDS ON TRAINING AND MEETS MOST OF THE TRAINING NEEDED FOR DMS (4 DAYS) |
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| 4- Excellent | 3- Good | 2- Fair | 1-Poor |
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| RATING SCALE |         |         |        |

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Signature of Responsible Specialist:

Date:

BUMED 3502/1 (Rev. 03-00)

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| 2300 E STREE                               |                        |                  |                | \ <del></del> - |             | •                              | 38. Ce    | rtifying (            | Governm     | ent Offic    | al                           |          |                   |                     |                  |
|  |                        |                  |                |                 |             | 8                              |           |                       |             | orrect and   |                              | \$       |                   |                     |                  |
|  | - , <i>- , - , - ,</i> |                  |                |                 |             |                                |           |                       | ayment in   | i trie am    | Junt OT:                     |          | <del>-</del>      | a B-:: 61           |                  |
|  |                        |                  |                |                 |             | b. Sigr                        | ature     |                       |             |              |                              |          | c. Date Si        | Ji 180              |                  |
|  |                        |                  |                |                 |             |                                | 4 500     | NI NI                 |             | T .          | Chack Mar                    | 205      |                   | f Marieti           | r Number         |
|  |                        |                  |                |                 |             |                                | a. DSS    | SN Numb               | iei         | e.           | Check Numi                   | Jel      |                   | f. Vouche           |                  |
|  |                        |                  |                |                 |             |                                | L         |                       |             |              |                              |          |                   |                     |                  |
| TRAINING EACH ITV.                         | Inches a language      |                  | ffice indicate | d in itam 2     | 7 Plane     | a refer to etanda              | rd dooup  | ant num               | har aiva    | a in itam    | R at top of                  | noan i   | to accure promp   | navmont             |                  |

|  |  |                  |               |                                       |        |                                       |         |        |           |             |             |                |          |                            |          |                         |      | -             |
|--|--|------------------|---------------|---------------------------------------|--------|---------------------------------------|---------|--------|-----------|-------------|-------------|----------------|----------|----------------------------|----------|-------------------------|------|---------------|
|  |  |                  |               |                                       |        | REEMENT, CE                           | RTIF    | ICA    | TION      |             | -           |                |          |                            |          |                         | N.   | - 5           |
| A. Agency code a<br>office number i  |  | nt, and submitti | _             |                                       |        | nent number<br>FY, Doc./ type code    | / Seria | l numb | er)       | C. Re       | quest S     | tatus or Proc  | ess C    | ode (X one)                | D. Ame   | ndment                  | No.  |               |
|  |  |                  |               |                                       |        |                                       |         |        |           | X           | (1) Initi   |                |          | ) Resubmission             |          |                         |      |               |
|  | CODE   |                  |               |                                       |        |                                       |         |        |           |             | (3) Cor     | rection        | (4       | ) Cancellation             | <u> </u> |                         |      |               |
|  |  |                  |               |                                       |        | A - TRAINEE /                         |         | ICA    |           |             |             |                |          | 4 54 11                    | 1 - 0    | · · · · · · · · · ·     |      | <u> </u>      |
| 1. Name (Last, First   |  |                  |               |                                       | 2. 1   | st 5 letters of last i                | name    |        | 3. 50     | cial Secu   | irity Nur   | nber           |          | 4. Ed. level               | a. Year  | tinuous f               | . Mo |               |
| CONTINUAT  |  |                  | 4.1 4         |                                       |        |                                       |         |        |           | O Dan       | ition Tit   |                |          |                            |          |                         |      |               |
| 6. Home Address (  | Street, City,                                  | State and ZIP Co | oae) (optiona | ***                                   | 7. F   | Phone Numbers (Inc.                   | lude ar | ea cod | le)       | o. ros      | ition 11t   | ie             |          |                            |          |                         |      |               |
|  |  |                  |               |                                       | a. F   | lome                                  |         |        |           |             |             |                |          |                            |          |                         |      |               |
|  |  |                  |               |                                       | b. (   | Office                                |         |        |           | 9. Pos      | ition Lev   | rel (X one)    |          | 10. Pay Plan / (Rank / MC  |          |                         |      |               |
| 11. Organization Na  | me   |                  |               |                                       | (1) (  | Commercial                            |         |        |           |             | a. Ex       | ecutive        |          | Designator)                |          |                         | •    |               |
| <b>BUREAU OF</b>   | MEDIC  | INE AND          | SURGE         | RY                                    | (2)    | Autovon                               |         |        |           |             | b. Ma       | ınager         |          |                            |          |                         |      |               |
| 12. Organization Ma  | iling Address                                  | (Include ZIP)    |               |                                       | 13.    | Organization UIC                      | 0       | 00018  | 3         |             | c. Su       | pervisory      |          | 14. Type of<br>Appointment |          | prior no:<br>1t trainin |      |               |
| 2300 E STREI   | ET NW  |                  |               | ſ                                     |        | Are you handicappe                    |         |        | Yes       |             | d. No       | n-Supervisor   | У        |                            |          |                         | · ·  |               |
| WASHINGTO  | ON DC 20                                       | 0372-5300        |               |                                       |        | or disabled? (X one)                  | '       | X      | No        |             | e. Oti      | ner (Specify)  |          |                            |          |                         |      |               |
|  |  |                  | **            |                                       | S      | ection B - TRA                        | NING    | G CO   | URSE      | DATA        |             |                |          |                            |          |                         |      | <b>—</b>      |
| 17. Course Title T   | EAM BU   | JILDING F        | OR EM         | PLOY                                  | ΈE     | S                                     |         |        |           |             |             |                |          |                            |          |                         |      |               |
| 18. Training Objective   |  |                  |               |                                       |        |                                       |         |        |           | 19. Re      | comme       | nded Training  | Sour     | ce, School or Fa           | cility   |                         |      |               |
| THIS COURS   |  |                  |               |                                       |        |                                       |         | RE     | NESS      | a. Nan      | ne WA       | SSERM          | AN       | KATZ                       |          |                         |      |               |
| OF MY IMPA   |  |                  |               |                                       |        |                                       |         |        |           | b. Mai      | ling add    | ress (Include  | ZIP)     |                            |          |                         |      |               |
| MOTIVIATION AND SKILLS FOR WORKING TOGETHER TO ACHIEVE 10109 SNOWHILL LANE |  |                  |               |                                       |        |                                       |         |        |           |             |             |                |          |                            |          |                         |      |               |
| GOALS; IMP   | ROVE C   | OMMUNI           | CATION        | ١.                                    |        |                                       |         |        |           | POT         | OMA         | C, MD 2        | 2085     | 4                          |          |                         |      |               |
|  |  |                  |               |                                       |        |                                       |         |        |           | (HRS        | SC-C        | AP REGI        | ION      | <b>SPONSOR</b>             | ED C     | <b>DURS</b>             | E)   |               |
|  |  |                  |               |                                       |        |                                       |         |        |           |             |             |                |          |                            |          |                         |      |               |
| 20. Course Codes   |  | <u>-</u> .       |               |                                       |        |                                       |         |        |           | c. Loc      | ation of    | training site  | (If oth  | er than 19b)               |          |                         |      |               |
| a. Purpose   | 4  | f. Security Cl   | earance       | U                                     |        | k. Training Program                   | n       |        |           | HRS         | C CA        | PITAL,         | WA       | SHINGTO                    | N, DC    |                         |      |               |
| b. Type  | 4  | g. Allocation    | Status        | 1                                     |        | I. Reason for Sele                    | ction   |        | 4         | 21. Co      | urse hou    | ırs (4 digits) | 22.      | Course Identifie           | rs       |                         |      |               |
| c. Source  | 1  | h. Priority      |               | 1                                     |        | 23. Training Period                   | (YYMI   | MDD)   |           | a. Dut      | у           | 0007           | a. S     | SAID                       |          |                         |      |               |
| d. Special Interest  | 1  | i. Training Lev  | /el           | 3                                     |        | a. Start                              | 990     | 0916   |           | b. Non      | -duty       | 0000           | b. (     | Catalog / Course           | No.      |                         |      |               |
| e. Training Vendor   | -  | j. Method of     |               | 7                                     |        | b. Complete                           |         | 0916   |           | c. T01      | `AL         | 0007           | c. (     | Offering / TLN             |          |                         |      |               |
|  |  | •                |               | · · · · · · · · · · · · · · · · · · · |        | Section H                             | - EVA   | ALUA   | TION      | •           |             |                | •        |                            | - 1      | ,                       |      | $\overline{}$ |
|  |  |                  |               |                                       |        | Part I (To be co                      | omole   | eted l | ov trai   | ineel       |             |                |          |                            |          |                         |      |               |
| 48. Was course com   | onleted? /x o                                  | nel              | 49. Actua     | d course                              |        | · · · · · · · · · · · · · · · · · · · |         |        | •         | ourse ho    | urs         |                | 51       | . Academic gra             | de/score |                         |      |               |
| a. Yes   |  |                  | a. Comme      | enced                                 |        | b. Completed                          |         | a. Du  |           |             | b. Nor      | n-duty         | 1        | •                          |          |                         |      |               |
|  | eturn this for                                 | n with a memo    | (YYMM         | DD)                                   |        | (YYMMDD)                              |         |        |           |             |             |                |          |                            |          |                         |      |               |
| exp  | plaining circu                                 | mstances)        |               |                                       |        |                                       |         |        |           |             |             |                |          |                            |          |                         |      |               |
|  |  |                  | <u> </u>      |                                       |        |                                       |         |        |           |             |             |                |          |                            |          |                         |      |               |
| 52. Were all session   | s attended? (                                  | (x one)          |               |                                       |        |                                       |         |        |           |             |             |                |          |                            |          |                         |      |               |
| a. Yes   |  |                  |               |                                       |        |                                       |         |        |           |             |             |                |          |                            |          |                         |      |               |
| b. No (Ex  | plain)   |                  |               |                                       |        |                                       |         |        |           |             |             |                |          |                            |          |                         |      |               |
|  |  |                  |               |                                       |        |                                       |         |        |           |             |             |                |          |                            |          |                         |      |               |
|  |  |                  |               |                                       |        |                                       |         |        |           |             |             |                |          |                            |          |                         |      |               |
|  |  |                  |               |                                       |        |                                       |         |        |           |             |             |                |          |                            |          |                         |      |               |
|  |  |                  |               |                                       |        |                                       |         |        |           |             |             |                |          |                            |          |                         |      |               |
| _  |  |                  |               |                                       |        | *****                                 |         |        |           |             |             |                |          |                            |          |                         |      |               |
|  |  |                  |               |                                       | AR     | EAS OF EVALUATION                     | ON      |        |           |             |             |                |          |                            |          | RAT                     | TING |               |
|  | X  | appropriate col  | umn to indic  | ate your                              | evalu  | ation of items 53 th                  | rough   | 64. D  | o not a   | ttempt to   | split a     | rating.        |          |                            | -        |                         |      |               |
|  |  |                  |               |                                       |        |                                       |         |        |           |             |             |                |          |                            | _   A    | . E                     | 3    | С             |
| 53. Stated objective   | accomolishe                                    | d                |               | A = Yes                               |        |                                       | В       | = Par  | tially    |             |             | C = No         |          |                            |          |                         |      |               |
| 54. Coverage of sub  |  |                  |               | A = Exc                               |        | <u> </u>                              |         |        | ficient   |             |             | C = Poor       |          |                            | $\dashv$ |                         |      |               |
| 55. Organization of  |  |                  |               | A = We                                |        |                                       |         | = Ade  |           | -           |             | C = Poorly     | ornani   | zed                        | $\dashv$ |                         | +    |               |
|  |  |                  |               | A = Exc                               |        |                                       |         | = Ade  |           |             |             | C = Poor       | J. guill |                            |          |                         | +    |               |
| 56. Suitability of ins   |  | 1.013            |               | A = Too                               |        |                                       |         |        | propriate | <u> </u>    | <del></del> | C = Too ele    | mentr    | arv                        | $\dashv$ |                         | -    |               |
| 57. Level of difficult   |  |                  |               |                                       |        |                                       |         |        | propriate |             |             | C = Too she    |          | ·· 7                       | -        |                         | -    |               |
| 58. Length of course   | -  |                  |               | A = Too                               |        |                                       |         |        |           |             |             |                |          |                            | +        |                         | +    |               |
| 59. Amount of outsi  |  | g work           |               | A = Too                               |        |                                       |         |        | propriate | <del></del> |             | C = Insuffic   | ent      |                            |          |                         |      |               |
| 60. Effectiveness of   | _  |                  | ,             | A = Exc                               |        |                                       |         | = Go   |           |             |             | C = Poor       |          |                            | -        |                         |      |               |
| 61. Applicability of s   | subject matte                                  | r to the job     |               | A = Sign                              |        |                                       |         |        | equate    |             |             | C = Insignif   | cant     |                            | _        | _                       | +    |               |
| 62. Facilities   |  |                  |               | A = Exc                               |        |                                       |         | = Go   |           |             |             | C = Poor       |          |                            |          |                         | _    |               |
| 63. Recommendation   | n to colleagu                                  | es               |               | A = Hig                               | hly re | ecommended                            |         |        | ommen     | ded         | _           | C = Not rec    |          |                            |          |                         | _    |               |
| 64. Meet career dev  | . Meet career development plans A = Yes B = No |                  |               |                                       |        |                                       |         |        |           | C = Not app | plicabl     | е              |          |                            |          |                         |      |               |

|      | Sec   | tion H - EVALUATION           | - Continued          |              |      |   |
|------|---|-------------------------------|----------------------|--------------|------|---|
|      |   | Part II (To be completed b    | y trainee)           | <del> </del> |      | • |
| 65.  | Comments on strong points of course                       |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
| 66.  | Comments on weak points of course                         |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
| İ    |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
| 67.  | What were your objectives in taking this course? Were     | tney met?                     |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
| 00   | Down and this was to a shour O. If an a shour O.          | 0                             |                      |              |      |   |
| 68.  | Do you recommend this program for others? If so, who      | om?                           |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
| 1    |   |                               |                      |              |      |   |
|      | Additional comments                                       |                               |                      |              |      |   |
| οэ.  | Additional comments                                       |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
| 70.a | a.Signature of trainee                                    |                               |                      | b. Date si   | gned |   |
|      |   |                               |                      |              |      |   |
|      | Part III (To  | be completed by trainee's in  | mmediate supervisor) |              |      |   |
| 7.1  |   |                               |                      |              | No   |   |
|      | Have you discussed this course and its application to the | ne job with this employee? (/ | x one)               | Yes          | No   |   |
| 72.  | Were the objectives of the training achieved?             |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      | -   |                               |                      |              |      |   |
| 73.  | Additional comments                                       |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      |   |
|      |   |                               |                      |              |      | - |
| 74.a | a.Signature of supervisor                                 | b. Date signed                | PERSON               | INEL USE (   | DNLY |   |
|      |   |                               |                      |              |      |   |

...

#### TEAM BUILDING FOR EMPLOYEES

LASTNAME, FIRSTNAME, MI SSN

GS/SERIES/GRADE

## TEAM BUILDING FOR EMPLOYEES

This course is designed to concentrate on building effective teamwork among employees. Team building helps develop a more cohesive, well integrated, cooperative environment for task accomplishment. Team building emphasizes results while respecting individual values, skills and behaviors.

Objectives: Upon completion of this course, participants will be able to:

- Increase their knowledge and awareness of their impact on others;
- Improve communication;
- Build group achievement motivation and skills for working together to achieve goals;
- Practice and refine interpersonal skills.

**Target Audience:** All employees who wish to enhance their team building skills needed to accomplish a common goal.

#### **Training Source:**

Wasserman/Katz 10109 Snowhill Lane Potomac, MD 20854

Tuition:

\$ 165.00

Time:

0800 - 1500

#### **Course Dates:**

18 March 1999

16 September 1999

|  | REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT |                   |                |            |             |                    |           |   |               |           |                 |         |                           |                      |                 |
|--|--|-------------------|----------------|------------|-------------|--------------------|-----------|---|---------------|-----------|-----------------|---------|---------------------------|----------------------|-----------------|
| A. Agency code ar  | nd subeleme  |                   | ing B. S       | tandard d  | ocument     | number             |           |   |               |           | tatus or Proc   |         |                           | D. Amenda            | nent No.        |
| office number ()   | xx-xx-xxxx)  |                   | (              | Org identi | fier/ FY, I | Doc./ type code/   | Seriai nu | imber)                                  | ×             | (1) Init  | ial             | (2      | ) Resubmission            | 1                    |                 |
| l n  | MED-09   |                   |                |            |             |                    |           |   |               | (3) Co    | rrection        | (4      | ) Cancellation            | 1                    |                 |
| <u> </u>   |  |                   | <u> </u>       | Sect       | ion A -     | TRAINEE / A        | PPLIC     | ANT II                                  | NFORM.        | TION      |                 |         |                           |                      |                 |
| 1. Name (Last, First)  | t, Middle Init   | ial)              |                |            | 2. 1st 5    | letters of last na | me        | 3. :                                    | Social Secu   | ırity Nu  | mber            | T       | 4. Ed. level              |                      | ous Federal Svc |
| CONTINUATI   | ION SH   | EET               |                |            |             |                    |           |   |               |           |                 |         |                           | a. Years             | b. Months       |
| 6. Home Address (S   | treet, City,   | State and ZIP C   | ode) (optiona  | a/)        | 7. Phon     | Numbers (Inclu     | de area d | code)                                   | 8. Pos        | ition Ti  | tle             |         |                           |                      |                 |
|  |  |                   |                | ľ          | a. Home     |                    |           |   | 7             |           |                 |         |                           |                      |                 |
|  |  |                   |                |            | b. Office   | 3                  |           |   | 9. Pos        | ition Le  | vel (X one)     | -       | 10. Pay Plan /            |                      |                 |
| 11. Organization Nan   | ne   |                   |                |            | (1) Com     | nercial            |           | *************************************** |               | a. Ex     | ecutive         |         | (Rank / Mi<br>Designator) | OS / AFSC /oi        | Navy            |
| BUREAU OF  | MEDIC  | INE AND           | SURGEI         | RY İ       | (2) Auto    | von                |           |   |               | b. M      | anager          |         |                           |                      |                 |
| 12. Organization Mai   |  |                   |                |            | 13. Orga    | nization UIC       | 000       | 18                                      |               | c. Su     | pervisory       |         | 14. Type of               |                      | r non-govern-   |
| 2300 E STREE   | ET NW  |                   |                | -          |             | ou handicapped     |           | Yes                                     | ×             | d. No     | on-Supervisor   | У       | Appointment               | ment tr              | aining days     |
| WASHINGTO  |  | 0372-5300         |                |            | or di       | sabled? (X one)    | ×         | No                                      |               | e. Ot     | her (Specify)   | •       |                           | •                    |                 |
| •  | 1, 202   |                   |                |            | Secti       | on B - TRAIN       | ING C     | OURS                                    | E DATA        |           |                 |         |                           |                      | •               |
| 17. Course Title C   | ONFLIC   | T MANA            | GEMEN          | T & C      |             | ONTATIO            |           |   |               |           |                 |         |                           |                      |                 |
| 18. Training Objectiv  | es (Benefits   | s to be derived   | y the Gover    | nment)     |             |                    |           |   | _             | comme     | nded Training   | Sour    | ce, School or Fa          | cility               |                 |
| THIS COURSI  | E WILL   | TEACH N           | IE HOW         | TO U       | 'NCO        | VER "HIDE          | EN"       |   |               |           |                 |         | SEMINAR                   |                      |                 |
| RESENTMENTS AND LEARN WHAT'S REALLY BUGGING OTH                          |  |                   |                |            |             |                    |           | RS.                                     |               | -         | iress (Include  |         |                           |                      |                 |
| UNDERSTAND "ESCALATION SCALE" AND PREVENT                                |  |                   |                |            |             |                    |           |   | A DI          | IVISI     | ON OF F         | RY      | OR RESOU                  | JRCES, I             | NC              |
| DISAGREEMI   | DISAGREEMENTS FROM TURNING INTO ARGUMENTS. P O BOX 2951                        |                   |                |            |             |                    |           |   |               |           |                 |         |                           |                      |                 |
| SHAWNEE MISSION, KS 66201  |  |                   |                |            |             |                    |           |   |               |           |                 |         |                           |                      |                 |
|  |  |                   |                |            |             |                    |           |   |               |           |                 |         |                           |                      |                 |
| 20. Course Codes   |  | **                |                |            |             |                    |           | -                                       | W/RS          | Primi     | (trainin) Neith | (If Rth | eAthroyeL                 | 10 THO               | MAS             |
| a. Purpose   | 4  | f. Security C     | earance        |            | k           | Fraining Program   |           |   | CIRC          |           | 0101(1)         |         |                           | 10 1110              |                 |
| b. Type  | 4  | g. Allocation     |                | 1          | 1.          | Reason for Select  | ion       | 1                                       |               |           | urs (4 digits)  | 22.     | Course Identifie          | rs                   |                 |
| c. Source  | 4  | h. Priority       |                | 1          | 23.         | Training Period /  | YYMMD     | D)                                      | a. Dut        | У         | 0007            | a. S    | SAID                      |                      |                 |
| d. Special Interest  | 0  | i. Training Le    | vel            | 3          | a. 5        | Start              | 9907      | 13                                      | b. Nor        | n-duty    | 0000            | b. (    | Catalog / Course          | No. 2                | 980097          |
| e. Training Vendor   |  | j. Method of      |                | 7          | b. (        | Complete           | 9907      |   | c. TO1        | ΓAL       | 0007            | c. C    | Offering / TLN            |                      |                 |
|  |  | Sect              | ion C - C      | OST IN     | FORMA       | TION (Costs i      | ncurred   | and bille                               | d are not to  | о өхсөө   | d amount in i   | tem 3   | 0.)                       | •                    |                 |
| 24. If training does n   | ot involve e   | xpenditure of fu  | nds other th   | an salary, | , pay or c  | ompensation, ski   | p the rei | nainder                                 | of question   | s in Se   | ction C and X   | this t  | oox                       | $\rightarrow$        | <u> </u>        |
| 25. Direct Costs   |  |                   |                |            |             | nation only)       |           |   | ing Classific |           |                 |         |                           |                      | 1               |
| a. Tuition cost  |  | \$198.00          | a. Travel o    | cost       |             |                    |           |   |               |           |                 |         |                           |                      |                 |
| b. Books, material, of   | ther costs   | 4-20100           | b. Per dier    | n/other co | osts        |                    |           |   |               |           |                 |         |                           |                      |                 |
| c. Total direct costs  | -  | \$198.00          | c. Total in    | direct cos | sts         |                    | 1         |   |               |           |                 |         |                           |                      |                 |
| d. Funding source  |  | Ψ170.00           | 28. Labor      | Costs      |             |                    | 29. 3     | Signature                               | e of Fiscal ( | Officer   | (Follow local , | proced  | dure)                     | 30. Total of         | Direct &        |
| 31. Job Order No.  |  |                   |                |            |             |                    | 1         |   |               |           |                 |         |                           |                      | 98.00           |
|  |  |                   | Se             | ection D   | - APP       | ROVAL / CO         | NCURI     | RENCE                                   | / CERTI       | FICA      | TION            |         |                           |                      | •               |
| 32. Supervisor: I cer<br>(If not, attach wa                              | tify training  | is job related ar | nd nominee r   | neets pre  | requisites  |                    | 33.       | Fraining                                | Officer: 10   | certify t | his training m  | eets r  | egulatory require         | ements.              |                 |
| a. Typed Name (Last,   |  | le Initial)       | b. Ph          | one numb   | ber (Inclu  | de area code)      | a. Ty     | ped Nar                                 | me (Last, Fi  | irst, Mic | idle Initial)   |         | b. Phone r                | number (Inclue       | de area code)   |
|  |  |                   |                |            |             |                    |           |   |               |           |                 |         |                           |                      |                 |
| c. Signature & Title   |  |                   |                |            |             | d. Date            | c. Si     | gnature                                 | & Title       |           |                 |         | •                         |                      | d. Date         |
|  |  |                   |                |            |             |                    |           |   |               |           |                 |         |                           |                      |                 |
| 34. Authorizing Offic  | ial  |                   | ******         |            |             |                    | 35. (     | Course A                                | Acceptance    | (To be    | completed b     | y sch   | ool official)             |                      | ····            |
| a. Action (X one)  | $\rightarrow$  | (1)               | Approved       |            |             | (2) Disapprove     | 3         | a. Ac                                   | cepted        | C.        | School Office   | ial Sig | jnature                   |                      | d. Date         |
| b. Typed Name (Last,   | , First, Midd  | le Initial)       | c. Pt          | none numl  | ber (Inclu  | de area code)      |           | b. No                                   | ot Accepted   | 1         |                 |         |                           |                      |                 |
|  |  |                   |                |            |             |                    | 36.       | Course C                                | Completion    | (To be    | completed by    | schoo   | ol official)              |                      |                 |
| d. Signature & Title   |  |                   |                |            |             | e. Date            |           |   |               |           | , X this box,   |         | b. Actual C               | Completion<br>YMMDD) | c. Grade        |
| leave this section blank, and return this form with an explanation memo. |  |                   |                |            |             |                    |           |   | Date          | T WINDU   |                 |         |                           |                      |                 |
| 37. Billing Instruction<br>Furnish original in                           |  |                   |                | %          |             | days.)             | d. Si     | gnature                                 | & Title       |           |                 |         |                           |                      | e. Date         |
| BUREAU OF I  | MEDICI   | NE AND            | SURGE          | RY (M      | ED-91       | 7)                 | -         | <b>.</b>                                | - 0-          |           | -1-1            |         |                           |                      |                 |
| 2300 E STREE   |  |                   |                |            |             |                    | 38.       | ertifying                               | g Governme    | ent Uffi  | CIAI            |         |                           |                      |                 |
| WASHINGTO  |  | 20372-530         | 00             |            |             |                    |           |   | at this acco  |           |                 |         | \$                        |                      |                 |
|  |  |                   |                |            |             |                    |           | gnature                                 |               |           |                 |         |                           | c. Date Sign         | ned             |
| ]  |  |                   |                |            |             |                    | L         |   |               |           | 01-11-1         |         |                           |                      | I to            |
|  |  |                   |                |            |             |                    | d. D      | SSN Nun                                 | nber          | e.        | Check Numi      | oer     |                           | f. Voucher I         | number          |
|  | Invaige she  | uld be cent to    | office indicat | ed in item | 27 Pla      | ase refer to stand | ord door  | iment ni                                | ımber giver   | n in iten | n B at top of   | nage t  | n assure promot           | t navment            |                 |

| **  |  |  |                    |              |  |              |              |               |              |               |                        |                                |  |          |  |  |  |
|---|--|--|--------------------|--------------|--|--------------|--------------|---------------|--------------|---------------|------------------------|--------------------------------|--|----------|--|--|--|
|   | REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION  Agency code and subelement, and submitting B. Standard document number |  |                    |              |  |              |              |               | RAINII       | NG AND        | REIMBURSEME            |                                |  | <b>8</b> |  |  |  |
| A. Agency code as office number /.                  |  | nt, and submitti                       |                    |              | ment number<br>FY, Doc./type co        | de/ Seria    | l numberl    | C. Re         | quest St     | atus or Proc  | ess Code (X one)       | D. Amendr                      | nent No.                               |          |  |  |  |
| Jinoc Humber p                                      | /  |  | , ,                | 3 . 30       | .,, po 00                              | 2            |              | X             | (1) Initia   | al            | (2) Resubmission       |                                |  |          |  |  |  |
| I   | MED-09   |  |                    |              |  |              |              |               | (3) Corr     | ection        | (4) Cancellation       |                                |  |          |  |  |  |
| <b>&gt;</b>   |  |  |                    |              | A - TRAINEE                            |              |              |               |              |               | [A F3 77 77 77         | E 0                            | aug F: 1                               | <b>▼</b> |  |  |  |
| 1. Name (Last, First                                |  |  |                    | 2.           | 1st 5 letters of las                   | st name      | 3. S         | ocial Secu    | urity Nun    | nder          | 4. Ed. level           | a. Years                       |  | Ionths   |  |  |  |
| CONTINUAT   |  |  | dal (antin         | ,            |  |              | Ļ_           | R Dor         | ition Titl   |               |                        | <u> </u>                       |  |          |  |  |  |
| 6. Home Address (S                                  | creet, City, S   | otate and ZIP Co                       | ue) (optiona       | <u> </u>     | Phone Numbers (//                      | nclude ar    | ea code)     | J . POS       | auvii HO     | •             |                        |                                |  |          |  |  |  |
|   |  |  |                    |              | Home                                   | * ,          |              | _             |              |               | 10 Day Dia- / 6        | Spring / C-nd                  | a / C+n=                               |          |  |  |  |
| 11. Organization Nar                                |  | ***                                    |                    |              | Office                                 |              |              | 9. Pos        | Т            | el (X one)    |                        | Series / Grade<br>OS / AFSC /o |  |          |  |  |  |
| ŭ   |  | ************************************** | 11 ID ~ ~~         |              | Commercial                             |              |              | -             | a. Exe       |               | Designator)            |                                | No. prior non-government training days |          |  |  |  |
| BUREAU OF  12. Organization Mai                     |  |  | URGER              |              | Autovon                                | ^            | 0010         | -             | b. Ma        |               | 14. Type of            | 15. No. prin                   | or non-an                              | vern-    |  |  |  |
| •   | -  | (moidde ZIF)                           |                    | _            | Organization UIC                       |              | 0018         | +             | -            | ervisory      | Appointment            |                                |  |          |  |  |  |
| 2300 E STREE  |  | 1272 5200                              |                    | 16           | Are you handicap<br>or disabled? (X or | 201          | Yes<br>X No  | ×             |              | n-Supervisor  |                        |                                |  |          |  |  |  |
| WASHINGTO   | IN DC 20   | 1312-3300                              |                    | <u>i</u>     | Section B - TR                         |              |              | DATA          | e. Oth       | er (Specify)  |                        |                                |  |          |  |  |  |
| 17. Course Title C                                  | ONE  | T MANIA                                | ZEMEN''            |              |  |              |              |               |              |               |                        |                                |  |          |  |  |  |
| 17. Course Title C                                  |  |  |                    |              | NEKUNTAT.                              | IONA         | LONILL       | _             | acommer      | ded Training  | g Source, School or Fa | cility                         |  |          |  |  |  |
| THIS COURS  |  |  |                    |              | COVER "HI                              | DDEN         | 1"           |               |              |               | OR SEMINAR             |                                |  |          |  |  |  |
| RESENTMENTS AND LEARN WHAT'S REALLY BUGGING OTHERS. |  |  |                    |              |  |              |              |               |              | ess (Include  |                        | <u> </u>                       |  |          |  |  |  |
| UNDERSTAN   |  |  |                    |              |  |              |              |               |              |               | RYOR RESOU             | RCES, I                        | NC                                     |          |  |  |  |
| DISAGREEM   |  |  |                    |              |  |              |              |               | BOX 2        |               |                        | ŕ                              |  |          |  |  |  |
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| SHAWADD MISSISTA, ILD 6020                          |  |  |                    |              |  |              |              |               |              |               |                        |                                |  |          |  |  |  |
| 20. Course Codes                                    |  |  |                    |              | •                                      |              |              | W/AS          | SHINY        | TONP          | <i>L'az</i> a'motel    | 10 THO                         | MAS                                    |          |  |  |  |
| a. Purpose  | 4  | f. Security Cle                        | arance             |              | k. Training Prog                       | ram          |              | CIR           |              |               |                        |                                |  |          |  |  |  |
| b. Type   | 4  | g. Allocation                          | Status             | 1            | I. Reason for Se                       | election     | 1            |               |              | rs (4 digits) | 22. Course Identifier  | rs                             |  |          |  |  |  |
| c. Source   | 4  | h. Priority                            |                    | 1            | 23. Training Perio                     | od (YYMI     | MDD)         | a. Dut        | y            | 0007          | a. SAID                |                                | 2980097                                |          |  |  |  |
| d. Special Interest                                 | 0  | i. Training Lev                        | rel                | 3            | a. Start                               | 990          | 0713         | b. Nor        | n-duty       | 0000          | b. Catalog / Course    | No. 2                          | 98009                                  | 7        |  |  |  |
| e. Training Vendor                                  |  | j. Method of 1                         | raining            | 7            | b. Complete                            | 990          | 0713         | c. TO         | TAL          | 0007          | c. Offering / TLN      |                                |  |          |  |  |  |
|   |  |  |                    |              | Section I                              | H - EV       | ALUATION     |               |              |               |                        |                                |  |          |  |  |  |
|   |  |  |                    |              | Part I (To be                          | comple       | ted by tra   | inee)         |              |               |                        |                                | _                                      |          |  |  |  |
| 48. Was course com                                  | pleted? (x o   | ne)                                    |                    | l course dat |  |              | 50. Actual o | ourse ho      |              |               | 51. Academic grad      | de/score                       | -                                      |          |  |  |  |
| a. Yes  |  |  | a. Comme<br>(YYMMI |              | b. Completed (YYMMDD)                  |              | a. Duty      |               | b. Non       | -duty         |                        |                                |  |          |  |  |  |
|   | turn this form<br>laining circui   | n with a memo<br>mstances)             |                    |              |  | ]            |              |               |              |               | 1                      |                                |  |          |  |  |  |
|   |  |  |                    |              |  |              |              |               |              |               |                        |                                |  |          |  |  |  |
| 52. Were all sessions                               | attended? (  | x one)                                 |                    |              |  |              |              |               |              |               |                        |                                |  |          |  |  |  |
| a. Yes  |  |  |                    |              | •                                      |              |              |               |              |               |                        |                                |  |          |  |  |  |
| b. No (Exp  | olain)   |  |                    |              |  |              |              |               |              |               |                        |                                |  |          |  |  |  |
|   |  |  |                    |              |  |              |              |               |              |               |                        |                                |  |          |  |  |  |
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|   |  |  |                    |              |  |              |              |               |              |               |                        |                                |  |          |  |  |  |
|   |  | <u></u> -                              |                    |              |  |              |              |               |              |               |                        | ı                              |  |          |  |  |  |
|   |  |  |                    | 4            | REAS OF EVALUA                         | TION         |              |               |              |               |                        |                                | RATING                                 | <b>;</b> |  |  |  |
|   | X  | appropriate colu                       | ımn to indica      | ate your eva | luation of items 53                    | through      | 64. Do not a | ittempt to    | o split a i  | ating.        |                        |                                | Γ                                      | T        |  |  |  |
|   |  |  |                    |              |  |              |              |               |              |               |                        | Α                              | В                                      | С        |  |  |  |
| 53. Stated objective                                | accomplishe  | d                                      |                    | A = Yes      |  | В            | = Partially  |               |              | C = No        |                        | 1                              |  |          |  |  |  |
| 54. Coverage of sub                                 |  |  |                    | A = Excelle  | ent                                    |              | = Sufficient |               |              | C = Poor      |                        |                                |  |          |  |  |  |
| 55. Organization of s                               |  | er                                     |                    | A = Well o   |  |              | = Adequate   | <del></del> , |              | C = Poorly    | organized              |                                |  |          |  |  |  |
| 56. Suitability of inst                             |  |  |                    | A = Excelle  |  |              | = Adequate   |               |              | C = Poor      |                        |                                |  | l        |  |  |  |
| 57. Level of difficulty                             |  |  |                    | A = Too ac   |  |              | = Appropriat | e             |              | C = Too ele   | ementary               |                                |  |          |  |  |  |
| 58. Length of course                                |  |  |                    | A = Too lo   | ng                                     | В            | = Appropriat | e             |              | C = Too sh    | ort                    |                                |  |          |  |  |  |
| 59. Amount of outside or evening work A = Too much  |  |  |                    |              | В                                      | = Appropriat | е            |               | C = Insuffic | cient         |                        |                                | ļ                                      |          |  |  |  |
| 60. Effectiveness of instructors A = Excellent      |  |  |                    |              |  | В            | = Good       |               |              | C = Poor      |                        |                                | RATING                                 |          |  |  |  |
| 61. Applicability of s                              |  | r to the job                           |                    | A = Signifi  | cant                                   | В            | = Adequate   |               |              | C = Insignif  | ficant                 |                                |  |          |  |  |  |
| 62. Facilities                                      | -  | -                                      |                    | A = Excelle  | ent                                    | В            | = Good       |               |              | C = Poor      |                        |                                |  |          |  |  |  |
|   |  |  |                    |              |  |              |              |               | C - Not roo  |               |                        | t                              |  |          |  |  |  |
| 64. Meet career development plans A = Yes           |  |  |                    | A = Highly   | recommended                            | В            | = Recommer   | nded          |              | C = Not rec   | commended              |                                |  | 1        |  |  |  |

|            | Sec  | <u>tion H - EVALUATION</u>   | - Continued          |              |     |    |   |
|------------|--|--|----------------------|--------------|-----|----|---|
|            |  | Part II (To be completed b   | y trainee)           |              |     |    | • |
| 65.        | Comments on strong points of course  |  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
| 66.        | Comments on weak points of course  | and a substitute of the superior of the superi |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
| ĺ          |  |  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
|            | 0 M  | Al AO  |                      |              |     |    |   |
| 67.        | What were your objectives in taking this course? Were  | tney met?  |                      |              |     |    |   |
| ŀ          |  |  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
| 60         | Do you recommend this program for others? If so, who   | m2   |                      |              |     |    |   |
| 00.        | bo you recommend this program for others: It so, who   | /III:  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
| 69         | Additional comments  |  |                      |              |     |    |   |
| 00.        | , identification of the control of t |  |                      |              |     |    |   |
| l          |  |  |                      |              |     |    |   |
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|            |  |  |                      |              |     |    |   |
|            |  |  |                      | h Data sian  |     |    |   |
| 70.a       | .Signature of trainee  |  |                      | b. Date sign | ieu |    |   |
|            |  |  |                      |              |     |    |   |
| lacksquare | Part III (To   | be completed by trainee's in   | nmediate supervisor) |              |     |    | _ |
| 71.        | Have you discussed this course and its application to the  | ne job with this employee? (2  | X one)               | Yes          |     | No |   |
| 72         | Were the objectives of the training achieved?  |  |                      | J            | 1 1 | ,  |   |
|            | viole are especiated of are dearning derivered.  |  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
| 73         | Additional comments  |  |                      |              |     |    |   |
| , 0.       | Additional comments  |  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
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|            |  |  |                      |              |     |    |   |
|            |  |  |                      |              |     |    |   |
| 74.a       | .Signature of supervisor   | b. Date signed   | PERSON               | NEL USE ON   | ILY |    |   |
|            |  |  |                      |              |     |    |   |
|            |  |  | 1                    |              |     |    |   |

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| seminar<br>1                   | Seminar City:Seminar Date:  | Seminar l |      |
| WHO WILL BE ATTENDING 2        | ☐ Mr. ☐ Ms.  Job Title: ☐ Mr. ☐ Ms.  Job Title: ☐ Mr. Approving Mgr's Name: ☐ Ms.  Job Title: Please list additional names on a separate sheet. |           |      |
| YOUR<br>ORGANI-<br>ZATION<br>3 | Organization:  Address:  City:  Tele:  d wasteful duplicate mailings. If you receive d  | _ St:     | Zip: |

ferent VIP numbers, please send the labels to us (Attn. MS 50), indicating which label is correct, and we'll change our records for the very next update. You may receive some duplicates for a while.

When registering, please do not remove the mailing label. Attention: Mail Room Personnel (or Addressee) - Please Reroute if Necessary!

METHOD PAYMENT

|  | •                   |
|--|---------------------|
| IMPORTANT: Send your payment now, tuition is due before the so Make checks payable to Fred Pryor Seminars. Please return this form P.O. Box 2951, Shawnee Mission, KS 66201. |                     |
| Please check one of the following:   |                     |
| 1. Registration fee enclosed. Check #  | Amount \$           |
| 2. ☐ Our Purchase Order is attached. P.O. #  | -                   |
| 3.   Bill my organization. Attention:  |                     |
| 4. ☐ Charge to: ☐ Am. Express ☐ Diners Club ☐ Discover   | ☐ MasterCard ☐ Visa |
| Acct. No:  |                     |
| Exp. Date:   |                     |
| Signature:   |                     |

☐ Check here if you have already registered by phone and are sending this as confirmation.

\*\*\*\*\*\*\* ECRLOT \*\* C000 VIP 81 901 149 887 86 RUMED WASHINGTON DC

2300 E ST NW DC 20372-5300 WASHINGTON

Conflict Management & Confrontational Skills

|   | RFOLU          | EST AUT                                 | ΙΟΡΙΖΔΤ         | ION A       | GRFF       | MENT, CER                        | TIFIC 4                     | TION        | OF TE  | RAINII     | IG AND                 | REIM     | BURSEM                                | ENT                       | <b>\$</b>             |  |  |
|---|----------------|---|-----------------|-------------|------------|----------------------------------|-----------------------------|-------------|--|------------|------------------------|----------|---------------------------------------|---------------------------|-----------------------|--|--|
| A. Agency code a                            |                |   | ng B. S         | tandard do  | cument r   | number                           |                             |             | 1  |            | atus or Proc           |          |                                       | D. Amendr                 | ment No.              |  |  |
| office number (                             |                |   |                 | Org identif | ier/ FY, D | loc./ type code/ S               | Serial nun                  | nber)       | h  | (1) Initia |                        | -        | Resubmission                          | 1                         |                       |  |  |
|   | CODE           |   |                 |             |            |                                  |                             |             | <del>                                     </del> | (3) Corr   |                        |          | Cancellation                          | 1                         |                       |  |  |
|   | CODE           |   |                 | Secti       | on A -     | TRAINEE / A                      | PPLICA                      | NT IN       |  |            |                        | 1,.,     |                                       | <u> </u>                  |                       |  |  |
| 1. Name (Last, First                        | t, Middle Init | ial)                                    |                 |             |            | letters of last nar              |                             |             | cial Secu  |            | ber                    | 4        | 1. Ed. level                          |                           | ous Federal Svc       |  |  |
|   |                |   |                 |             |            |                                  |                             |             |  |            |                        |          |                                       | a. Years                  | b. Months             |  |  |
| 6. Home Address (S                          | Street, City,  | State and ZIP C                         | ode) (option    | al) -       | 7. Phone   | Numbers (Includ                  | e area co                   | de)         | 8. Posi  | tion Title | •                      |          |                                       |                           |                       |  |  |
|   |                |   |                 | ⊢           | a. Home    |                                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
|   |                |   |                 | - t-        | o. Office  |                                  |                             |             | 9 Posi   | tion I ev  | el (X one)             | T 1      | IO. Pay Plan /                        | Series / Grad             | e / Step              |  |  |
| 11. Organization Na                         | me             |   |                 |             | 1) Comm    |                                  |                             |             | J. 103   | a. Exe     |                        | 一,       |                                       | OS / AFSC /o              | r Navy                |  |  |
|   |                | IE ANID CI                              | IDCED           |             |            |                                  |                             |             |  | b. Mai     |                        | '        | Designator)                           |                           |                       |  |  |
| BUEAU OF M                                  |                |   | JRGER           |             | 2) Autov   |                                  | 0001                        | 0           |  |            |                        |          | 14. Type of                           | 15. No. prior non-govern- |                       |  |  |
| _   | =              | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                 | -           |            | nization UIC                     | 1000                        |             |  | · ·        | ervisory               |          | Appointment                           |                           | raining days          |  |  |
| 2300 E STREE                                |                | 2252 5200                               |                 |             |            | ou handicapped<br>abled? (X one) |                             | Yes         | X  |            | -Supervisor            | у        |                                       |                           |                       |  |  |
| WASHINGTO                                   | N DC 20        |   | X               | No          |            | e. Oth                           | er (Specify)                |             |  |            |                        |          |                                       |                           |                       |  |  |
|   |                |   | ~               |             |            | on B - TRAIN                     | NG CC                       | OURSE       | DATA   |            |                        |          |                                       |                           |                       |  |  |
| 17. Course Title S                          |                |   |                 |             | RVIEV      | <u> </u>                         |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
| 18. Training Objective THIS COURS           |                |   |                 |             | TDAC       | TING OFF                         | CIAI                        | c           |  |            |                        |          | e, School or Fa                       |                           |                       |  |  |
|   |                |   |                 |             |            |                                  |                             |             |  |            |                        |          | T CONCE                               | PTS INC                   | 2                     |  |  |
| ADMINISTER<br>ACT (SCA) O                   |                |   |                 |             |            |                                  |                             |             |  |            | ess (Include<br>BURG   |          | ,                                     |                           |                       |  |  |
|   |                |   |                 |             |            |                                  |                             | тпе         |  |            |                        | PIKE     |                                       |                           |                       |  |  |
| LAW ITSELF                                  |                |   |                 |             |            |                                  |                             |             | SUIT   |            |                        | 00       |                                       |                           |                       |  |  |
| IMPLEMENT                                   | TT, ANI        | D HOW IT                                | APPLII          | ES TO       | THE A      | ACQUISITIO                       | ON                          |             | VIEN   | INA        | VA 221                 | 82       |                                       |                           |                       |  |  |
| PROCESS.                                    |                |   |                 |             |            |                                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
| 20. Course Codes                            |                | T                                       |                 | т           |            |                                  |                             |             | c. Loca  | ation of 1 | raining site           | (If othe | r than 19b)                           |                           |                       |  |  |
| a. Purpose                                  | 4              | f. Security Cl                          | earance         |             | k, T       | raining Program                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
| b. Type                                     | 4              | g. Allocation                           | Status          | 1           | I. R       | eason for Selection              | on                          | 1           | 21. Cou  | ırse hou   | rs (4 digits)          | 22. C    | Course Identifie                      | rs                        |                       |  |  |
| c. Source                                   | 1              | h. Priority                             |                 | 11          | 23. 1      | Training Period ()               |                             |             | a. Duty  | <b>'</b>   | 0016                   | a. SA    | · · · · · · · · · · · · · · · · · · · |                           |                       |  |  |
| d. Special Interest                         | 1              | i. Training Le                          | vel             | 3           | a. S       |                                  | 99040                       |             | b. Non   | -duty      | 0000                   | b. Ca    | atalog / Course                       | No. 99                    | 9116203               |  |  |
| e. Training Vendor                          |                | j. Method of                            | Training        | 7           | b. C       | omplete                          | 99040                       | 6           | c. TOT   | AL         | 0016                   | c. Of    | fering / TLN                          |                           |                       |  |  |
| <u> </u>                                    |                | Sect                                    | ion C - C       | OST INF     | ORMA       | TION (Costs in                   | curred a                    | nd billed a | are not to                                       | өхсөөд     | amount in i            | tem 30.  | .)                                    |                           |                       |  |  |
| 24. If training does r                      | not involve e  | xpenditure of fu                        | nds other th    | an salary,  | pay or co  | ompensation, skip                | the rem                     | ainder of   | question   | s in Sect  | ion C and X            | this bo  | )X                                    | <b>→</b>                  |                       |  |  |
| 25. Direct Costs                            |                |   | 26. Indire      | ct Costs (F | or inform  | ation only)                      | 27. A                       | counting    | Classific  | ation      |                        |          |                                       |                           |                       |  |  |
| a. Tuition cost                             |                | \$395.00                                | a. Travel o     | cost        |            |                                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
| b. Books, material, o                       | other costs    |   | b. Per dier     | m/other co  | sts        |                                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
| c. Total direct costs                       |                | \$395.00                                | c. Total in     | direct cost | s          |                                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
| d. Funding source                           |                |   | 28. Labor       | Costs       |            |                                  | 29. Si                      | gnature o   | f Fiscal C                                       | Officer (F | ollow local ,          | procedu  | ire)                                  | 30. Total o               | f Direct &<br>t Costs |  |  |
| 31. Job Order No.                           |                |   |                 |             |            |                                  |                             |             |  |            |                        |          |                                       | \$3                       | 395.00                |  |  |
|   |                |   | Se              | ection D    | - APP      | ROVAL / CON                      | ICURR                       | ENCE /      | CERTI  | FICAT      | ION                    |          |                                       |                           |                       |  |  |
| 32. Supervisor: I cer<br>(If not, attach w. | rtify training | is job related ar                       | id nominee r    | meets prere | equisites. |                                  | 33. Tr                      | aining Of   | ficer:   c                                       | ertify th  | s training m           | eets reç | gulatory require                      | ements.                   |                       |  |  |
| a. Typed Name (Last                         | t, First, Midd | le Initial)                             |                 |             |            | e area code)                     | а. Тур                      | ed Name     | (Last, Fi  | rst, Midd  | lle Initial)           |          | b. Phone r                            | number (Inclu             | de area code)         |  |  |
|   |                |   |                 |             |            |                                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
| c. Signature & Title                        |                |   |                 |             |            | d. Date                          | c. Sigi                     | nature &    | Title  |            |                        |          |                                       |                           | d. Date               |  |  |
|   |                |   |                 |             |            |                                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
| 34. Authorizing Office                      | cial           | ,                                       |                 |             |            | •                                | 35. C                       | ourse Acc   | ceptance   | (To be     | completed b            | y schoo  | ol official)                          |                           |                       |  |  |
| a. Action (X one)                           | $\rightarrow$  | (1) A                                   | pproved         |             |            | (2) Disapproved                  |                             | a. Acce     | pted   | c.         | School Offic           | ial Sign | ature                                 |                           | d. Date               |  |  |
| b. Typed Name (Last                         | t, First, Midd | le Initial)                             | c. Pt           | none numb   | er (Includ | le area code)                    |                             | b. Not      | Accepted   |            |                        |          |                                       |                           |                       |  |  |
|   |                |   |                 |             |            |                                  | 36. C                       | ourse Cor   | mpletion (                                       | To be c    | ompleted by            | school   | official)                             |                           |                       |  |  |
| d. Signature & Title                        |                |   | ·               |             |            | e. Date                          |                             |             |  | -          | X this box,            |          |                                       | Completion                | c. Grade              |  |  |
|   |                |   |                 |             |            |                                  |                             |             | explana  |            | eturn this             |          | Date ()                               | YMMDD)                    |                       |  |  |
| 37. Billing Instruction                     |                |   |                 | %           |            | days.)                           | d. Sig                      | nature &    | Title  |            |                        |          |                                       |                           | e. Date               |  |  |
| Furnish original i                          |                | •                                       |                 |             |            |                                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
| BUREAU OF                                   | /)             | 38. C                                   | ertifyina (     | Governme    | nt Offic   | al                               |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
| 2300 E STREET NW                            |                |   |                 |             |            |                                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
| WASHINGTON DC 20372-5300                    |                |   |                 |             |            |                                  |                             |             | tnis acco<br>ayment ir                           |            | orrect and<br>ount of: |          | \$                                    |                           |                       |  |  |
|   |                |   |                 |             |            |                                  | b. Signature c. Date Signed |             |  |            |                        |          |                                       | ned                       |                       |  |  |
|   |                |   |                 |             |            |                                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
|   |                |   |                 |             |            |                                  | d. DS                       | SN Numb     | er   | e.         | Check Numi             | oer      |                                       | f. Voucher                | Number                |  |  |
|   |                |   |                 |             |            |                                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
|   |                |   |                 |             |            |                                  |                             |             |  |            |                        |          |                                       |                           |                       |  |  |
| TRAINING FACILITY:                          | leader - h     | uld be *                                | ffice in direct | ad in it    | 37 Di-     | co rofes to -t                   | rd do                       | oant r      | har of a   | in ita-    | Rattor of              | nago +-  | accura accura                         | t navmost                 | -                     |  |  |

|  | REQUI  | ST, AUTH   | ORIZAT               | ON, AG   | REEMENT, CEI   | RTIFIC  | ATION  | OF T                                | RAINII        | NG AND   | REIMBU                              | RSEME         | NT                     |            |                   |  |  |  |
|--|--|--|----------------------|--|--|---|--|-------------------------------------|---------------|--|-------------------------------------|---------------|------------------------|------------|-------------------|--|--|--|
|  | nd subeleme  | nt, and submittin  | g B. St              | andard docu  | ment number  |   |  |                                     |               |  | ess Code (X                         |               | D. Amendr              | nent No.   |                   |  |  |  |
| office number (.   | xx-xx-xxxx)  |  | 10                   | rg identifier/   | FY, Doc./ type code/   | Serial nu   | mber)  | X                                   | (1) Initia    | al   | (2) Resul                           | bmission      |                        |            |                   |  |  |  |
|  | CODE   |  |                      |  |  |   |  |                                     | (3) Corr      | ection   | (4) Canc                            | ellation      |                        |            |                   |  |  |  |
|  |  |  |                      | Section  | A - TRAINEE /  | APPLIC  | ANT IN   | FORM/                               | TION          |  | · ·                                 |               | <del>-</del>           |            |                   |  |  |  |
| 1. Name (Last, First   | , Middle Initi   | al)  |                      | 2.   | 1st 5 letters of last n  | ame   | 3. Sc  | cial Secu                           | ırity Nun     | ber  | 4. Ed                               | l. level      | 5. Continu<br>a. Years |            | ral Svc<br>lonths |  |  |  |
| 6. Home Address (S   | treet, City, S   | State and ZIP Co   | de) (optiona         | <i>y</i> 7   | Phone Numbers (Incl  | ıda area i  | odel   | 8. Pos                              | ition Titl    | 9  |                                     | 1             |                        |            |                   |  |  |  |
|  | ,,   |  | <b>,</b> ,- <b>,</b> | <u> </u>   |  | ive area (  | oue,   | 1                                   |               |  |                                     |               |                        |            |                   |  |  |  |
|  |  |  |                      |  | Home   |   |  | Q Pos                               | ition I ov    | el (X one)   | 10. P                               | Pay Plan / S  | eries / Grad           | e / Step   |                   |  |  |  |
| 11. Organization Nar   | ne   |  |                      |  | Office   |   |  | 9. FUS                              | a. Exe        |  | - /                                 | Rank / MOS    | / MOS / AFSC /or Navy  |            |                   |  |  |  |
| *  |  | IE ANID CI   | IDCEDA               | _ ⊢  | Commercial   |   |  | a. Executive Designator) b. Manager |               |  |                                     |               |                        |            |                   |  |  |  |
| BUEAU OF M   |  |  | RGERI                |  | Autovon  | 000   | 10   | 1                                   | -             |  | 14. Ty                              | ype of        | 15. No. pri            | or non-gov | vern-             |  |  |  |
| 1  | •  | moidae zm,   |                      |  | Organization UIC  Are you handicapped  |   | Yes  | c. Supervisory  d. Non-Supervisory  |               | Appoi  | ntment                              |               | aining da              |            |                   |  |  |  |
| 2300 E STREE<br>WASHINGTO  |  | 272 5200   |                      | '  | or disabled? (X one)   | ×   | No   | -                                   |               | er (Specify)   | ' <u> </u>                          |               |                        |            |                   |  |  |  |
| WASHINGTO  | N DC 20  | 0312-3300  |                      |  | Section B - TRAI   |   |  | DATA                                | e. Ou         | ei (Specity)   |                                     |               |                        | -          |                   |  |  |  |
| 17. Course Title SI  | EDVICE   | CONTDA   | T AĈT                |  |  | WING C  | OUNGL  | DAIA                                |               |  |                                     |               |                        |            |                   |  |  |  |
| 17. Course Title SI  18. Training Objective  |  |  |                      |  | /ILW   |   |  | 10 B                                | commar        | ded Training   | Source, Sci                         | bool or Fac   | ility                  |            |                   |  |  |  |
| THIS COURS   | •  |  |                      |  | RACTING OF   | FICIA   | LS   |                                     |               |  | MENT C                              |               |                        |            |                   |  |  |  |
| ADMINISTER   | THER   | EQUIREM  | ENTS O               | F THE  | SERVICE CON  | ITRA  | CT   |                                     |               | ess (Include   |                                     | ONCE          | 15 1110                | •          |                   |  |  |  |
| ACT (SCA) O  |  |  |                      |  |  |   |  |                                     | •             | BURG   |                                     |               |                        |            |                   |  |  |  |
| LAW ITSELF.  |  |  |                      |  |  |   |  | SUIT                                | TE 800        | )  |                                     |               |                        |            |                   |  |  |  |
| IMPLEMENT  | ,  |  |                      |  |  |   |  | 1                                   |               | VA 221   | 82                                  |               |                        |            |                   |  |  |  |
| PROCESS.   | ,  |  |                      |  |  |   |  |                                     |               |  |                                     |               |                        |            |                   |  |  |  |
| 20. Course Codes   |  | -  |                      |  | <del></del>  |   |  | c. Loc                              | ation of      | training site  | (If other than                      | n 19b)        |                        |            |                   |  |  |  |
| a. Purpose   | 4  | f. Security Cle  | arance               |  | k. Training Program  | ,   |  | 1                                   |               |  |                                     |               |                        |            |                   |  |  |  |
| b. Type  | 4  | g. Allocation  |                      | 1  | I. Reason for Selec  |   | 1  | 21. Co                              | urse hou      | rs (4 digits)  | 22. Course                          | e Identifiers | ,                      |            |                   |  |  |  |
| c. Source  | 1  | h. Priority  |                      | 1  | 23. Training Period  | (YYMMD)   | )<br>)   | a. Dut                              | у             | 0016   | a. SAID                             |               |                        |            |                   |  |  |  |
| d. Special Interest  | 1  | i. Training Lev  | el                   | 3  | a. Start   | 9904  | )5   | b. Non-duty 0000                    |               | b. Catalog   | / Course N                          | io. 99        | 911620                 | )3         |                   |  |  |  |
| e. Training Vendor   |  | j. Method of 1   |                      | 7  | b. Complete  | 9904  | )6   | c. TO1                              | r <b>A</b> L  | 0016   | c. Offering                         | g / TLN       |                        |            |                   |  |  |  |
|  |  |  |                      |  | Section H  | EVAL  | JATION   | •                                   |               |  |                                     |               |                        |            | 4                 |  |  |  |
|  |  |  |                      |  |  |   | 1 6 4  |                                     |               |  |                                     |               |                        |            |                   |  |  |  |
|  |  |  |                      |  | Part I (To be co   | mplete  | ı oy ıraı  | inee)                               |               |  |                                     |               |                        |            |                   |  |  |  |
| 48. Was course com   | pleted? (x oi  | 18)  | 49. Actua            | l course date  |  | <del></del>   | Actual c   |                                     | urs           |  | 51. Aca                             | demic grad    | e/score                |            |                   |  |  |  |
| 48. Was course com   | pleted? (x oi  | ne)  | a. Comme             | nced   | b. Completed   | 50  |  |                                     | urs<br>b. Non | -duty  | 51. Aca                             | demic grad    | e/score                | ·          |                   |  |  |  |
| a. Yes   | turn this form   | n with a memo  |                      | nced   | es   | 50  | Actual c   |                                     |               | -duty  | 51. Aca                             | demic grad    | e/score                |            | • •               |  |  |  |
| a. Yes   |  | n with a memo  | a. Comme             | nced   | b. Completed   | 50  | Actual c   |                                     |               | -duty  | 51. Aca                             | demic grad    | e/score                |            |                   |  |  |  |
| a. Yes<br>b. No (Re:<br>exp  | turn this form   | n with a memo<br>mstances)                                 | a. Comme             | nced   | b. Completed   | 50  | Actual c   |                                     |               | -duty  | 51. Aca                             | demic grad    | e/score                |            |                   |  |  |  |
| a. Yes b. No (Re. exp  | turn this form   | n with a memo<br>mstances)                                 | a. Comme             | nced   | b. Completed   | 50  | Actual c   |                                     |               | -duty  | 51. Aca                             | demic grad    | e/score                |            |                   |  |  |  |
| a. Yes b. No (Recexp)  52. Were all sessions a. Yes  | turn this forn<br>laining circui   | n with a memo<br>mstances)                                 | a. Comme             | nced   | b. Completed   | 50  | Actual c   |                                     |               | -duty  | 51. Aca                             | demic grad    | e/score                |            |                   |  |  |  |
| a. Yes b. No (Recept)  52. Were all sessions a. Yes  | turn this form   | n with a memo<br>mstances)                                 | a. Comme             | nced   | b. Completed   | 50  | Actual c   |                                     |               | -duty  | 51. Aca                             | demic grad    | e/score                |            |                   |  |  |  |
| a. Yes b. No (Recexp)  52. Were all sessions a. Yes  | turn this forn<br>laining circui   | n with a memo<br>mstances)                                 | a. Comme             | nced   | b. Completed   | 50  | Actual c   |                                     |               | -duty  | 51. Aca                             | demic grad    | e/score                |            |                   |  |  |  |
| a. Yes b. No (Recexp)  52. Were all sessions a. Yes  | turn this forn<br>laining circui   | n with a memo<br>mstances)                                 | a. Comme             | nced   | b. Completed   | 50  | Actual c   |                                     |               | -duty  | 51. Aca                             | demic grad    | e/score                |            |                   |  |  |  |
| a. Yes b. No (Recexp) 52. Were all sessions a. Yes   | turn this forn<br>laining circui   | n with a memo<br>mstances)                                 | a. Comme             | nced   | b. Completed   | 50  | Actual c   |                                     |               | -duty  | 51. Acad                            | demic grad    | e/score                |            |                   |  |  |  |
| a. Yes b. No (Recexp) 52. Were all sessions a. Yes   | turn this forn<br>laining circui   | n with a memo<br>mstances)                                 | a. Comme             | nced   | b. Completed   | 50  | Actual c   |                                     |               | -duty  | 51. Aca                             | demic grad    | e/score                |            |                   |  |  |  |
| a. Yes b. No (Recexp)  52. Were all sessions a. Yes  | turn this forn<br>laining circui   | n with a memo<br>mstances)                                 | a. Comme             | nced<br>(2D)   | b. Completed (YYMMDD)  | 50<br>a.  | Actual c   |                                     |               | -duty  | 51. Aca                             | demic grad    | e/score                |            |                   |  |  |  |
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C = Not applicable

B = No

A = Yes

|                  | S  | ection H - EVALUATION            | - Continued          |             |              |   |
|------------------|--|----------------------------------|----------------------|-------------|--------------|---|
|                  |  | Part II (To be completed b       |                      |             |              | • |
| 65.              | Comments on strong points of course  |                                  |                      |             |              |   |
|                  |  |                                  |                      |             |              |   |
|                  |  |                                  |                      |             |              |   |
|                  |  |                                  |                      |             |              |   |
| 66.              | Comments on weak points of course  |                                  |                      |             |              |   |
|                  | Common point of the common |                                  |                      |             |              |   |
|                  |  |                                  |                      |             |              |   |
|                  |  |                                  |                      |             |              |   |
|                  |  |                                  |                      |             |              |   |
| 67.              | What were your objectives in taking this course? We  | ere they met?                    |                      |             |              |   |
|                  |  |                                  |                      |             |              |   |
|                  |  |                                  |                      |             |              |   |
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|                  |  |                                  |                      |             |              |   |
| 68               | Do you recommend this program for others? If so, w   | whom?                            |                      |             |              |   |
| 00.              | bo you recommend this program for others. If so, is  |                                  |                      |             |              |   |
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| 69.              | Additional comments  |                                  |                      |             |              |   |
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|                  |  |                                  |                      |             |              |   |
| 70.6             | a.Signature of trainee   |                                  |                      | b. Date si  | aned         |   |
| 1,0.6            | a.Signature of trainee   |                                  |                      | D. Date sig | gnea         |   |
|                  |  |                                  |                      |             |              |   |
| $\triangleright$ | Part III (   | (To be completed by trainee's ir | mmediate supervisor) |             |              |   |
| 71               | Have you discussed this course and its application to  | the job with this employee? (    | X one)               | Yes         | No           |   |
| ı                |  | 5 the jet that the employee. (   |                      |             |              |   |
| 72.              | Were the objectives of the training achieved?  |                                  |                      |             |              |   |
|                  |  |                                  |                      |             |              |   |
|                  |  |                                  |                      |             |              |   |
|                  | -  |                                  |                      |             |              |   |
| 73.              | Additional comments  |                                  |                      |             |              |   |
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| 74 -             | a.Signature of supervisor  | b. Date signed                   | DEDEO                | NNEL USE C  | ONI Y        | _ |
| , 4.8            | a.orgnature or supervisor  | b. Date signed                   | FERSU                | MALL USE C  | /13 <b>L</b> |   |
|                  |  |                                  |                      |             |              |   |

# **MANAGEMENT**CONCEPTS



Customer Service

Courses

Training at Your Site

Certificate Programs

Credits & Certification Training

Subscriptions & Publications

GSA Contracts

Company Overview

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#### **Service Contract Act Overview**

This course is designed to help COURSE NUMBER: 1162 federal personnel administer the requirements of the McNamara-O'Hara Service Contract Act (SCA) of 1965. The course focuses on the Act the Department of Labor (DOL) regulations that implement it, and how it applies to the acquisition process. A detailed, comprehensive text is provided that contains copies of the law, DOL implementing regulations, Administrative Review Board Decisions, and wage determinations.

**Prerequisites**: Introduction to Federal Contracting

#### Course Objectives:

After successful completion of this course, the student will be able to: • Determine if the SCA applies • Understand basic wage and fringe benefit rules • Apply the SCA provisions to applicable contracts • Enforce the SCA

Denver, CO

00116201: 10/14/99-10/15/99

Vienna, VA

00116202: 11/8/99-11/9/99 00116203: 1/20/00-1/21/00 00116204: 4/17/00-4/18/00 00116205: 7/6/00-7/7/00 00116206: 9/13/00-9/14/00

Portland, OR

00116207: 6/8/00-6/9/00

(To register, click on the appropriate session dates.)

#### FORMAT:

Lecture, discussion, case studies, and independent readings.

LENGTH: 2 days

**CPE CREDITS: 16** 

Level: Overview

**TUITION: \$395** 

#### **Major Topics:**

#### **Overview of the Service Contract Act**

Scope and coverage of SCA and exemptions from its provisions.

#### **Basic Wage and Fringe Benefit Rules**

Compensation provisions (for wages and fringe benefits). Provision for subcontracts, multiyear contracts, and "successor" contracts Overtime rules. Health and safety

standards.

#### **Applying SCA Provisions to Contracts**

Steps to request wage determinations. Response from the DOL and subsequent agency actions. Dealing with delays and emergency situations. Conforming procedures. Proceeding without a wage determination. Amending the solicitation to include late or changed wage determinations.

#### **Enforcing the Service Contract Act**

Violations of wage and fringe benefit provisions. Violations of other provisions. Penalties, disputes, and enforcement. Hearings conducted by the DOL and appeals to the Administrative Review Board.

#### **Related Laws and Regulations**

How the SCA relates to other labor laws, such as the Fair Labor Standards Act, Walsh-Healey Public Contracts Act, Davis-Bacon Act, Interstate Commerce Act, Communications Act of 1934, Contract Work Hours and Safety Standards Act, Vietnam Veterans Readjustment Assistance Act, and the Rehabilitation Act of 1973.

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| A. Agency code a                            | nd subeleme         |                   | ng B. St       | tandard do  | ocument   | number               |           |             | Т           |             | atus or Proc           |           |                           | D. Amend              | ment No.                               |
| office number (                             | xx-xx-xxxx)         |                   | 10             | Org identil | fier/ FY, | Doc./ type code/ S   | erial nun | nber)       | X           | (1) Initia  | il                     | (2)       | Resubmission              | 1                     |  |
|   | CODE                |                   |                |             |           |                      |           |             |             | (3) Corr    | ection                 | (4)       | Cancellation              | 1                     |  |
|   |                     | • •               |                | Secti       | ion A -   | TRAINEE / AF         | PLICA     | NT IN       | FORMA       | TION        |                        |           |                           | •                     | •                                      |
| 1. Name (Last, First                        | t, Middle Init      | ial)              |                |             | 2. 1st 5  | letters of last nam  | 10        | 3. So       | cial Secu   | rity Num    | ber                    | 4         | l. Ed. level              | 5. Continu            | ous Federal Svc                        |
|   |                     |                   |                |             |           |                      |           |             |             |             |                        |           |                           | a. rears              | b. Months                              |
| 6. Home Address (S                          | Street, City, S     | State and ZIP C   | ode) (optiona  | 1)          | 7. Phon   | e Numbers (Include   | e area co | de)         | 8. Posi     | ition Title | )                      |           |                           |                       |  |
|   |                     |                   |                |             | a. Hom    | e                    |           |             | 1           |             |                        |           |                           |                       |  |
|   |                     |                   |                |             | b. Offic  | e                    |           |             | 9. Posi     | tion Lev    | el (X one)             | 1         | O. Pay Plan /             |                       |  |
| 11. Organization Nar                        | me                  |                   |                |             | (1) Com   | mercial              |           |             |             | a. Exe      | cutive                 |           | (Rank / Mi<br>Designator) | OS / AFSC /o          | r Navy                                 |
| BUREAU OF                                   | MEDICI              | NE AND            | SURGER         | RY          | (2) Auti  | ovon                 |           |             |             | b. Mar      | nager                  |           | -                         |                       |  |
| 12. Organization Ma                         |                     |                   |                |             | 13. Orga  | anization UIC        | 0001      | 18          | X           | c. Sup      | ervisory               |           | 4. Type of                |                       | or non-govern-                         |
| 2300 E STREE                                | ET NW               |                   |                |             |           | you handicapped      |           | Yes         |             | d. Non      | -Supervisor            |           | Appointment               | ment                  | raining days                           |
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|   |                     |                   | ion B - TRAINI | NG CC       | URSE      | DATA                 |           |             |             |             |                        |           |                           |                       |  |
| 17. Course Title E                          | XCEL 9              | 7 ADVAN           | CED            |             |           |                      |           |             |             |             |                        |           |                           |                       |  |
| 18. Training Objectiv                       |                     |                   |                |             |           |                      |           |             | 19. Re      | commen      | ded Training           | Source    | e, School or Fa           | cility                |  |
| THIS COURS                                  |                     |                   |                |             |           |                      |           |             | a. Nam      | e KN        | OWLOC                  | Ϋ́        |                           |                       |  |
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|   |                     |                   |                |             |           |                      |           |             |             |             |                        |           |                           |                       |  |
| 20. Course Codes                            |                     |                   |                |             |           |                      |           |             | c. Loca     | ation of t  | raining site           | (If other | r than 19b)               |                       |  |
| a. Purpose                                  | 4                   | f. Security Cl    | earance        | U           | k.        | Training Program     |           |             |             |             |                        |           |                           |                       | —————————————————————————————————————— |
| b. Type                                     | 4                   | g. Allocation     | Status         | 1           | 1.        | Reason for Selection | on .      | 4           | 21. Cou     | ırse houi   | s (4 digits)           | 22. C     | ourse Identifie           | rs                    |  |
| c. Source                                   | 1                   | h. Priority       |                | 1           | 23.       | Training Period (Y   | YMMDD.    | ,           | a. Duty     | <u>'</u>    | 0008                   | a. SA     | .ID                       |                       |  |
| d. Special Interest                         | 11                  | i. Training Le    | /el            | 3           | a.        |                      | 99032     |             | b. Non      | -duty       | 0000                   | b. Ca     | talog / Course            | No.                   |  |
| e. Training Vendor                          |                     | j. Method of      | Fraining       | 7           | b.        | Complete             | 99032     | 9           | c. TOT      | AL          | 0008                   | c. Of     | fering / TLN              |                       |  |
|   |                     | Sect              | ion C - CC     | OST INF     | ORM       | ATION (Costs in      | curred a  | nd billed a | are not to  | exceed      | amount in i            | tem 30.   | )                         |                       |  |
| 24. If training does n                      | ot involve e        | xpenditure of fu  | nds other th   | an salary,  | pay or o  | compensation, skip   |           |             |             |             | ion C and X            | this bo   | х                         | <u> </u>              |  |
| 25. Direct Costs                            | ·····               |                   |                |             | For infor | mation only)         | 27. A     | counting    | Classific   | ation       |                        |           |                           |                       |  |
| a. Tuition cost                             |                     | \$205.00          | a. Travel c    |             |           |                      |           |             |             |             |                        |           |                           |                       |  |
| b. Books, material, o                       | ther costs          |                   | b. Per dien    | n/other co  | sts       |                      |           |             |             |             |                        |           |                           |                       |  |
| c. Total direct costs                       |                     | \$205.00          | c. Total inc   | direct cos  | ts        |                      | 20 6:     |             | 4 Finant C  | Man /       | alland land            |           |                           | 20 7-4-1-             | 4 Di 4 9                               |
| d. Funding source                           |                     |                   | 28 Labor       | Costs       |           |                      | 29. 31    | gnature o   | ii riscai C | vincer //   | ollow local p          | посеци    | ie)                       |                       | t Costs                                |
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| 22 6  | differ descriptions | is inh colored or |                |             |           | ROVAL / CON          |           |             |             |             |                        |           |                           |                       |  |
| 32. Supervisor: I cer<br>(If not, attach wa |                     |                   |                |             |           |                      |           |             |             |             |                        | eets reg  | julatory require          |                       | de area code)                          |
| a. Typed Name (Last                         | , FIRST, MIGGI      | ie initiai)       | D. Ph          | one numb    | er (mcia  | de area code)        | а. тур    | eu maine    | (Last, Fil  | St, Milao   | ie milian              |           | g. Phone i                | iumoer ( <i>inciu</i> | de area code;                          |
| c. Signature & Title                        |                     |                   |                |             |           | d. Date              | c. Siar   | nature &    | Title       |             |                        |           |                           |                       | d. Date                                |
| or organization and                         |                     |                   |                |             |           |                      |           |             |             |             |                        |           |                           |                       |  |
| 34. Authorizing Office                      | :-1                 |                   |                |             |           | 1                    | 25 C      |             | antanaa     | (Ta bo (    | completed by           | , coboo   | l official)               |                       |  |
| a. Action (X one)                           | iai                 | (1)               | pproved        |             | T         | (2) Disapproved      | 35. C     | a. Acce     |             |             | School Offic           |           |                           |                       | d. Date                                |
| b. Typed Name (Last                         | , First, Middl      |                   | ··             | one numb    | er (Inclu | ide area code)       |           | <b>-</b>    | Accepted    |             |                        | -         |                           |                       |  |
|   |                     |                   |                |             |           |                      | 36 C      |             | •           | To be co    | mpleted by             | school    | official)                 |                       |  |
| d. Signature & Title                        |                     |                   |                |             |           | e. Date              |           |             | <u> </u>    |             | X this box,            | 3077007   | b. Actual C               | Completion            | c. Grade                               |
| _   |                     |                   |                |             |           |                      |           |             | ction blar  |             | eturn this             |           | Date (Y                   | YMMDD)                |  |
| 37. Billing Instruction                     | s (Identify d       | iscount terms     | 9              | %           |           | days.)               |           | nature &    |             | tion men    | 10.                    |           | 1                         |                       | e. Date                                |
| Furnish original i                          | nvoice and 3        | 3 copies to:      | ·              |             |           | , ,                  |           |             |             |             |                        |           |                           |                       |  |
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|   |                     |                   |                |             |           | d. DSS               | SN Numbe  | er          | e. (        | Check Numb  | er                     |           | f. Voucher                | Number                |  |
|   |                     |                   |                |             |           |                      |           |             |             | ]. '        |                        |           |                           |                       | -                                      |
| TRANSPORTAGE ITY                            | <del></del>         |                   |                |             | 07 5      |                      |           |             |             | *           | D                      |           |                           |                       |  |

| `-                             |                                   |                            |              |                   |                            |  |          |          |           |             |               |              |                            |            |                            |                   |
|--------------------------------|-----------------------------------|----------------------------|--------------|-------------------|----------------------------|--|----------|----------|-----------|-------------|---------------|--------------|----------------------------|------------|----------------------------|-------------------|
|                                | REQU                              | EST, AUTH                  | ORIZAT       | ION, AG           | REEMENT,                   | CERTI                                  | FICAT    | ION      | OF TI     | RAINII      | NG AND        | REI          | MBURSEME                   |            |                            | ***               |
| A. Agency code a office number |                                   | nt, and submitti           |              |                   | ment number FY, Doc./ type | code/ Seri                             | ial numh | eri      | C. Re     | equest St   | atus or Proc  | ess C        | ode (X one)                | D. Amen    | dment No.                  |                   |
| Office flumber                 | 122-22-2227                       |                            | "            | org roemmen       | , ,, Doo., type .          | 3030, 00,                              |          | ··,      | X         | (1) Initia  | al            | (2           | ?) Resubmission            |            |                            |                   |
|                                | CODE                              |                            |              |                   |                            |  |          |          |           | (3) Corr    | ection        | (4           | ) Cancellation             |            |                            |                   |
|                                |                                   |                            |              |                   | A - TRAINE                 | -                                      | LICAN    |          |           |             |               |              |                            |            |                            |                   |
| 1. Name (Last, Firs.           | t, Middle Initi                   | ial)                       |              | 2.                | 1st 5 letters of l         | last name                              |          | 3. So    | cial Secu | urity Nun   | nber          |              | 4. Ed. level               | a. Years   | b. N                       | ral Svc<br>Ionths |
| 6. Home Address (              | Street, City,                     | State and ZIP Co           | de) (optiona | <sup>3/)</sup> 7. | Phone Numbers              | (Include a                             | area cod | e)       | 8. Pos    | sition Titl | e             |              |                            |            | •                          |                   |
|                                |                                   |                            |              | a.                | Home                       |  | -        |          | 1         |             |               |              |                            |            |                            |                   |
|                                |                                   |                            |              | b.                | Office                     |  |          |          | 9. Pos    | sition Lev  | el (X one)    |              | 10. Pay Plan / S           |            |                            |                   |
| 11. Organization Na            | me                                |                            |              | (1)               | Commercial                 |  |          |          |           | a. Exe      | cutive        |              | (Rank / MO<br>Designator)  | S / AFSC . | or Navy                    |                   |
| BUREAU OF                      | MEDIC                             | INE AND S                  | SURGE        | RY (2)            | Autovon                    |  |          |          |           | b. Ma       | nager         |              | •                          |            |                            |                   |
| 12. Organization Ma            |                                   |                            |              |                   | Organization UI            | С                                      | 00018    | }        | ×         | c. Sur      | ervisory      |              | 14. Type of<br>Appointment |            | rior non-go<br>training da |                   |
| 2300 E STREI                   | ET NW                             |                            |              | 16.               | Are you handica            |  |          | Yes      |           | d. No       | n-Supervisor  | у            | Арровяннени                | mem        | training u                 | ıyə               |
| WASHINGTO                      |                                   | 0372-5300                  |              |                   | or disabled? (X            | one)                                   | X        | No       |           | e. Oth      | er (Specify)  |              |                            |            |                            |                   |
|                                |                                   |                            |              |                   | Section B - T              | RAININ                                 | G COL    | JRSE     | DATA      |             |               |              |                            |            |                            | 4                 |
| 17. Course Title E             | XCEL 9                            | 7 ADVAN                    | CED          |                   |                            |  |          |          |           |             |               |              |                            |            |                            |                   |
| 18. Training Objecti           | ves (Benefits                     | s to be derived b          | y the Gover  |                   |                            |  |          |          | 19. Re    | ecommer     | ided Training | Sou          | rce, School or Fac         | cility     |                            |                   |
| THIS COURS                     |                                   |                            |              |                   |                            |  |          |          | a. Nar    | ne KN       | OWLO          | ŝΥ           |                            |            |                            |                   |
| WORK WITH                      |                                   | •                          |              |                   | -                          |  |          | OPY      |           | 9           | ess (Include  |              |                            |            |                            |                   |
| DATA; FORM                     | <b>MATTIN</b>                     | G TECHNI                   | QUES A       | AND PRI           | EVIEW CH                   | ARTIN                                  | NG.      |          | l         |             | BROAI         | OS.          | Γ                          |            |                            |                   |
|                                |                                   |                            |              |                   |                            |  |          |          |           | FLO         |               |              |                            |            |                            |                   |
|                                |                                   |                            |              |                   |                            |  |          |          | FAL       | LS CI       | HURCH         | VA           | X 22046                    |            |                            |                   |
|                                |                                   |                            | _            |                   |                            |  |          |          |           |             |               |              |                            |            |                            |                   |
| 20. Course Codes               |                                   |                            |              | 1                 |                            |  |          |          | c. Loc    | ation of    | training site | (If otl      | her than 19b)              |            |                            |                   |
| a. Purpose                     | 4                                 | f. Security Cle            | earance      | U                 | k. Training Pro            | ogram                                  |          |          |           |             |               | _            |                            |            |                            |                   |
| b. Type                        | 4                                 | g. Allocation              | Status       | 1                 | I. Reason for              |  |          | 4        |           |             | rs (4 digits) | -            | Course Identifier          | 's         |                            |                   |
| c. Source                      | 1                                 | h. Priority                |              | 1                 | 23. Training Pe            |  | -        |          | a. Dut    |             | 0008          |              | SAID                       |            |                            |                   |
| d. Special Interest            | 1                                 | i. Training Lev            | /el          | 3                 | a. Start                   |  | 90329    |          | b. Nor    |             | 0000          | -            | Catalog / Course           | No.        |                            |                   |
| e. Training Vendor             |                                   | j. Method of               | Fraining     | 7                 | b. Complete                |  | 90329    |          | c. TO     | TAL         | 0008          | С. (         | Offering / TLN             |            |                            |                   |
| <u> </u>                       |                                   |                            |              |                   | Section                    |  |          |          |           |             |               |              |                            |            |                            |                   |
|                                |                                   |                            |              |                   | Part I (To be              | e compl                                |          |          |           |             |               | <del>-</del> |                            |            |                            |                   |
| 48. Was course con             | npleted? (x o                     | ne)                        | a. Comme     | ol course date    | b. Completed               |  | a. Du    |          | ourse ho  | b. Non      | -duty         | <b>⊣</b> ⁵′  | 1. Academic grad           | de/score   |                            |                   |
| a. Yes                         |                                   |                            | (YYMM        |                   | (YYMMDD)                   |  | u. bu    | .,       |           | 0. 1101     | duty          | 1            |                            |            |                            |                   |
|                                | eturn tnis fori<br>plaining circu | m with a memo<br>mstances) |              |                   |                            |  |          |          |           |             |               | 1            |                            |            |                            |                   |
|                                |                                   |                            |              |                   | <u> </u>                   |  |          |          |           |             |               |              |                            |            |                            |                   |
| 52. Were all session           | s attended?                       | (x one)                    |              |                   |                            |  |          |          |           |             |               |              | <del></del>                |            |                            |                   |
| a. Yes                         |                                   |                            |              |                   |                            |  |          |          |           |             |               |              |                            |            |                            |                   |
| b. No (Ex                      | plain)                            |                            |              |                   |                            |  |          |          |           |             |               |              |                            |            |                            |                   |
|                                |                                   |                            |              |                   |                            |  |          |          |           |             |               |              |                            |            |                            |                   |
|                                |                                   |                            |              |                   |                            |  |          |          |           |             |               |              |                            |            |                            |                   |
|                                |                                   |                            |              |                   |                            |  |          |          |           |             |               |              |                            |            |                            |                   |
|                                |                                   |                            |              |                   |                            |  |          |          |           |             |               |              |                            |            |                            |                   |
|                                |                                   |                            |              |                   |                            | ······································ |          |          |           |             |               |              |                            |            |                            |                   |
|                                |                                   |                            |              | А                 | REAS OF EVALU              | JATION                                 |          |          |           |             |               |              |                            |            | RATING                     | 3                 |
|                                | X                                 | appropriate col            | ımn to indic | ate your eval     | luation of items :         | 53 through                             | h 64. D  | o not a  | ttempt to | o split a i | rating.       |              |                            |            | 1                          |                   |
|                                |                                   |                            |              |                   |                            |  |          |          |           |             |               |              |                            | A          | В                          | С                 |
| 53. Stated objective           | accomplishe                       | ed .                       |              | A = Yes           |                            |  | B = Part | ially    |           |             | C = No        |              |                            |            |                            |                   |
| 54. Coverage of sub            | ject matter                       |                            |              | A = Excelle       | nt                         | E                                      | B = Suf  | ficient  |           |             | C = Poor      |              |                            |            |                            |                   |
| 55. Organization of            |                                   | er                         |              | A = Well or       | ganized                    | E                                      | B = Ade  | quate    |           |             | C = Poorly    | organ        | ized                       |            |                            |                   |
| 56. Suitability of ins         |                                   |                            |              | A = Excelle       | nt                         | ı                                      | B = Ade  | quate    |           |             | C = Poor      |              |                            |            |                            |                   |
| 57. Level of difficult         |                                   |                            |              | A = Too ad        | vanced                     | ı                                      | B = App  | ropriate | e         |             | C = Too ele   | ment         | ary                        |            |                            |                   |
| 58. Length of course           | е                                 |                            |              | A = Too lor       | ng                         |  | B = App  | ropriate | e         |             | C = Too sh    | ort          |                            |            |                            |                   |
| 59. Amount of outsi            |                                   | g work                     |              | A = Too mu        | uch                        | i                                      | B = App  | ropriate | е         |             | C = Insuffic  | ient         |                            |            |                            |                   |
| 60. Effectiveness of           |                                   |                            |              | A = Excelle       | nt                         | ı                                      | B = God  | od       |           |             | C = Poor      |              |                            |            |                            |                   |
| 61. Applicability of           | subject matte                     | er to the job              | <u>-</u>     | A = Signific      | ant                        |  | B = Ade  | quate    |           |             | C = Insignif  | icant        |                            |            |                            |                   |
| 62. Facilities                 |                                   |                            |              | A = Excelle       | nt                         |  | B = God  | od .     |           |             | C = Poor      |              |                            |            |                            |                   |
| 63. Recommendatio              | n to colleagu                     | ies                        |              | A = Highly        | recommended                |  | B = Rec  | ommen    | ded       |             | C = Not red   | ommo         | ended                      |            |                            |                   |

64. Meet career development plans

C = Not applicable

B = No

A = Yes

|   | Section H - EVALUATION - Co                 | ontinued            |              |
|---|---|---------------------|--------------|
|   | Part II (To be completed by train           |                     |              |
| 65. Comments on strong points of course             |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
| 66. Comments on weak points of course               |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
| 67. What were your objectives in taking this course | ? Were they met?                            |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
| 68. Do you recommend this program for others? If    | so, whom?                                   |                     | ·*·          |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     | ,            |
| 69. Additional comments                             |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
| 70.a.Signature of trainee                           |   | b. Date sign        | ned          |
|   |   |                     |              |
| D.  | while the consolidated by the incide income | (factor accordance) |              |
|   | rt III (To be completed by trainee's immedi |                     | <del>`</del> |
| 71. Have you discussed this course and its applicat | ion to the job with this employee? (X one,  | Yes                 | No           |
| 72. Were the objectives of the training achieved?   |   |                     |              |
|   |   |                     |              |
| ~   |   |                     |              |
| 73. Additional comments                             |   |                     | <del></del>  |
| 76. Additional comments                             |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
|   |   |                     |              |
| 74.a.Signature of supervisor                        | b. Date signed                              | PERSONNEL USE ON    | NLY          |
|   |   |                     |              |
|   | 1   |                     |              |



#### **Excel 7.0, Introduction (One Day)**

Prerequisite: Intro to Windows 95

#### **Course Outline**

- Introduction to worksheets
- Create basic worksheet
- Work with ranges
- Movement techniques
- Use functions

- Move and copy data
- Modify worksheets
- Formatting techniques
- Print a worksheet
- Preview charting

#### Additional Excel 7.0 courses available from Knowlogy:

Excel 7.0, Intermediate- one day Excel 7.0, Advanced- one day







# **Desktop Courses:**

# Creating, Formatting, and Using Spreadsheets

| Course Description                             | Falls Church, VA       | Washington, DC   |  |  |  |  |
|--|------------------------|------------------|--|--|--|--|
| Excel 7.0, Introduction                        | 1/8, 2/16              | 2/1, 3/1         |  |  |  |  |
| Excel 7.0, Intermediate                        | 1/15, 2/17             | 2/4, 3/2         |  |  |  |  |
| Excel 7.0, Advanced                            |                        | 2/16, 3/29       |  |  |  |  |
| Excel 97, Introduction                         | 2/2, 3/8               | 1/6, 2/3, 3/16   |  |  |  |  |
| Excel 97, Intermediate                         | 1/14, 2/12, 3/9        | 1/21, 2/11, 3/17 |  |  |  |  |
| Excel 97, Advanced                             | 1/22, 2/24, 3/29       | 1/26, 2/19       |  |  |  |  |
| Excel 97, Power User/Visual Basic Applications | Available upon request |                  |  |  |  |  |
| Quattro Pro for Windows 7.0, Introduction      | Available u            | pon request      |  |  |  |  |
| Quattro Pro for Windows 7.0, Intermediate      | Available upon request |                  |  |  |  |  |

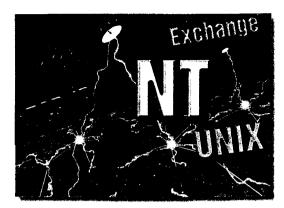
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|   | REQUI           | EST, AUTI         | IORIZAT       | TION, A       | AGREE        | MENT, CERT                       | ΓΙFICA           | TION       | OF TR                 | RAINII     | NG AND                 | REI      | MBURSEM           | ENT                     | *             |
|---|-----------------|-------------------|---------------|---------------|--------------|----------------------------------|------------------|------------|-----------------------|------------|------------------------|----------|-------------------|-------------------------|---------------|
| A. Agency code a                            | nd subeleme     |                   | ng B. S       | Standard d    | ocument      | number                           |                  |            | 7                     |            | atus or Proc           |          |                   | D. Amendr               | nent No.      |
| office number (.                            | xx-xx-xxxx)     |                   | -   '         | (Org Identi   | ifier/ FY, L | Doc./ type code/ S               | eriai num        | ber)       | X                     | (1) Initia | al                     | (2       | ) Resubmission    |                         |               |
|   | CODE            |                   |               |               |              |                                  |                  |            |                       | (3) Corr   | ection                 | (4       | Cancellation      |                         |               |
|   |                 |                   |               | Sect          |              | TRAINEE / AF                     |                  |            |                       |            |                        |          |                   |                         |               |
| 1. Name (Last, First                        | t, Middle Initi | ial)              |               |               | 2. 1st 5     | letters of last nan              | ne               | 3. So      | cial Secu             | rity Nun   | nber                   |          | 4. Ed. level      | 5. Continuo<br>a. Years | b. Months     |
| 6. Home Address (S                          | Parant City 1   | State and ZID C   | adal (antion  | 2/1           |              |                                  |                  | <u> </u>   | 8. Posi               | tion Titl  | •                      |          |                   | Ļ                       |               |
| 6. Home Address (3                          | street, City, s | state and zir C   | oue, (option  | lai)          |              | Numbers (Include                 | e area coo       | de)        | 0. 103                | don m      | •                      |          |                   |                         |               |
|   |                 |                   |               | ŀ             | a. Home      |                                  |                  |            | 0. 0                  |            | -1 ()(l                | —        | 10. Pay Plan / S  | Series / Grade          | / Sten        |
| 11. Organization Nar                        | me              |                   |               |               | b. Office    |                                  |                  |            | 9. Posi               | a. Exe     | el (X one)             |          | (Rank / MC        | S / AFSC /or            |               |
| •   |                 | INIE AND          | CLIDGE        | DV            | (1) Comn     |                                  |                  |            |                       | b. Ma      |                        |          | Designator)       |                         |               |
| BUREAU OF  12. Organization Mai             |                 |                   | SUKGE.        | <u> </u>      | (2) Auto     | nization UIC                     | 0001             | 8          | ×                     |            | ervisory               |          | 14. Type of       |                         | r non-govern- |
| 2300 E STREE                                | =               |                   |               | ŀ             |              | ou handicapped                   | 0001             | Yes        |                       |            | n-Supervisor           | v -      | Appointment       | ment tra                | aining days   |
| WASHINGTO                                   |                 | 0372-5300         |               |               |              | sabled? (X one)                  | X                | No         |                       |            | er (Specify)           | ·        |                   |                         |               |
| WARMAGIO                                    | on B - TRAINI   |                   | URSE          | DATA          |              |                                  |                  |            |                       | •          |                        |          |                   |                         |               |
| 17. Course Title T                          | HE DEF          | ENSE ME           | SSAGE         | SYSTI         | EM (D        | MS): A CON                       | <b>MPREI</b>     | HENS       | IVE I                 | NTRO       | DUCTI                  | ON       |                   |                         |               |
| 18. Training Objective                      | res (Benefits   | s to be derived i | y the Gove    | rnment)       |              |                                  |                  |            |                       |            |                        |          | ce, School or Fa  | cility                  |               |
| THE OBJECT                                  |                 |                   |               |               |              |                                  |                  |            | a. Nam                | e LE.      | ARNING                 | 3 TF     | EE INTER          | NATION                  | IAL           |
| SUCCESSFUL                                  |                 | ANSITION          | FROM          | AUTO          | DIN T        | O DMS                            |                  |            |                       | -          | ess (Include           |          |                   |                         |               |
| COMPONENT                                   | ΓS              |                   |               |               |              |                                  |                  |            |                       |            | ARY ST                 |          |                   |                         |               |
|   |                 |                   |               |               |              |                                  |                  |            | REST                  | CON .      | VA 2019                | 0-56     | 530               |                         |               |
|   |                 |                   |               |               |              |                                  |                  |            |                       |            |                        |          |                   |                         |               |
|   |                 |                   |               |               |              |                                  |                  |            |                       |            |                        |          |                   |                         |               |
| 20. Course Codes                            |                 |                   |               |               |              |                                  |                  |            | i                     |            |                        | (If oth  | er than 19b)      |                         |               |
| a. Purpose                                  | 1               | f. Security Cl    |               | T             |              | raining Program                  |                  | _          |                       |            | RK, NY                 |          | <b>A</b> 11 15    |                         |               |
| b. Type                                     | 5               | g. Allocation     | Status        | 1             | _            | Reason for Selection             |                  | 1          |                       |            | rs (4 digits)          | -        | Course Identifier | rs .                    |               |
| c. Source                                   | 3               | h. Priority       |               | $\frac{1}{2}$ |              | Training Period (Y               |                  | ,          | a. Duty               |            | 0032                   | a. S     | atalog / Course   | No                      | 500           |
| d. Special Interest e. Training Vendor      | 0               | i. Training Le    |               | 3             | a. S         |                                  | 990817<br>990820 |            | c. TOT                |            | 0032                   |          | Offering / TLN    |                         | 7 US 500      |
| e. Hairing Veridor                          |                 | j. Method of      |               |               |              | TION (Costs in                   |                  |            |                       |            |                        |          |                   | ( )                     | 05 300        |
| 24. If training does n                      | nat invalva a   |                   |               |               |              |                                  |                  |            |                       |            |                        |          |                   |                         |               |
| 25. Direct Costs                            | iot ilivolve ex | xpenditure or it  |               |               |              | nation only)                     |                  |            | Classific             |            | non o una x            |          |                   |                         |               |
| a. Tuition cost                             | 5               | 014.00            | a. Travel     |               | 1            | ,,                               |                  |            |                       |            |                        |          |                   |                         |               |
| b. Books, material, o                       |                 | 014.00            | b. Per die    | m/other c     | osts         |                                  |                  |            |                       |            |                        |          |                   |                         |               |
| c. Total direct costs                       |                 | 2014.00           | c. Total in   | ndirect cos   | sts          |                                  |                  |            |                       |            |                        |          |                   |                         |               |
| d. Funding source                           |                 |                   | 28. Labor     | r Costs       |              | ,                                | 29. Sig          | nature o   | f Fiscal C            | Officer // | ollow local            | proced   | lure)             | 30. Total of            | Direct &      |
| 31. Job Order No.                           |                 |                   |               |               |              | -                                |                  |            |                       |            |                        |          | \$                | 2,014.                  |               |
|   |                 |                   | S             | ection [      | - APP        | ROVAL / CON                      | CURRE            | NCE /      | CERTI                 | FICAT      | ION                    |          |                   |                         |               |
| 32. Supervisor: I cer<br>(If not, attach wa | rtify training  | is job related ar | d nominee     | meets pre     | requisites.  |                                  | 33. Tra          | ining Of   | ficer: lc             | ertify th  | is training m          | eets r   | egulatory require | ments.                  |               |
| a. Typed Name (Last                         |                 |                   |               |               |              | de area code)                    | а. Туре          | d Name     | (Last, Fil            | rst, Mide  | dle Initial)           |          | b. Phone n        | umber (Includ           | le area code) |
|   |                 |                   |               |               |              | T. 2                             |                  |            |                       |            |                        |          |                   |                         |               |
| c. Signature & Title                        |                 |                   |               |               |              | d. Date                          | c. Sign          | ature &    | Title                 |            |                        |          |                   |                         | d. Date       |
| _,  |                 |                   |               |               |              |                                  |                  |            |                       |            |                        |          |                   |                         |               |
| 34. Authorizing Office                      | ial             | 1 1.              |               |               | <del></del>  | T                                | 35. Co           |            |                       |            | School Office          |          |                   |                         | d. Date       |
| a. Action (X one) b. Typed Name (Last       | First Midd      |                   | pproved       | hone num      | her (Inclus  | (2) Disapproved<br>de area code) |                  | a. Acce    |                       |            | 0011001 01110          | Jiai Oig | indiano           |                         | G. Data       |
| b. Typed Hame (Last                         | , 1 113t, Wildu | ic microsy        | 0.7           | none nam      | 001  1110101 | 20 4704 00007                    | 36 Co            |            | Accepted              | (To bo o   | ompleted by            | cobo     | officiall         |                         |               |
| d. Signature & Title                        |                 |                   |               |               |              | e. Date                          |                  |            |                       |            | X this box,            | 30/100   | b. Actual C       | ompletion               | c. Grade      |
|   |                 |                   |               |               |              |                                  |                  |            | ction blar<br>explana |            | return this            |          | Date (Y)          | (MMDD)                  |               |
| 37. Billing Instruction                     | ns (Identify d  | liscount terms    |               | %             |              | days.)                           |                  | ature &    |                       | tion me    | 110                    |          |                   |                         | e. Date       |
| Furnish original i                          | invoice and 3   | 3 copies to:      |               |               |              | •                                |                  |            |                       |            |                        |          |                   |                         |               |
| BUREAU OF MEDICINE AND SURGERY (MED-917)    |                 |                   |               |               |              |                                  |                  | rtifyina ( | Governme              | ent Offic  | ial                    |          |                   |                         | <u> </u>      |
| 2300 E STREET NW                            |                 |                   |               |               |              |                                  |                  |            |                       |            |                        |          |                   |                         |               |
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|   |                 |                   |               |               |              |                                  | L                |            |                       |            |                        |          |                   |                         |               |
|   | Invoice cho     | uld be sent to o  | ffice indicat | ted in item   | 37 Plea      | se refer to standa               | rd docum         | ent num    | ber given             | in item    | B at top of            | page t   | o assure prompt   | navment.                |               |

| *-   |                 |                   |              |              |  |               |                |  |               |                            |  |           |                   |  |  |
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|  | REQUI           | EST, AUTH         | ORIZAT       | ION, AG      | REEMENT, CERT                              | FICATION      | N OF T         | RAINII   | NG AND        |                            |  |           |                   |  |  |
| Agency code a office number in the control of |                 | nt, and submittir |              |              | ument number<br>/ FY, Doc./ type code/ Ser | rial numberl  | C. Re          | equest St  | atus or Prod  | cess Code (X one)          | ). Amendr                                  | nent No.  |                   |  |  |
| office number (  | xx-xx-xxxx)     |                   | '            | ny identinei | 7 1 1, Duc., type code, ser                | iai number,   | ×              | (1) Initia                                       | al            | (2) Resubmission           |  |           |                   |  |  |
|  | CODE            |                   |              |              |  |               |                | (3) Corr   | ection        | (4) Cancellation           |  |           |                   |  |  |
|  |                 | ······            |              | Section      | n A - TRAINEE / API                        | LICANT II     | VFORM/         | ATION  |               |                            |  |           |                   |  |  |
| 1. Name (Last, First   | t, Middle Initi | al)               |              | 2.           | 1st 5 letters of last name                 | 3. 3          | Social Sec     | urity Nun  | nber          |                            | . Continu<br>. Years                       |           | ral Svc<br>Ionths |  |  |
| 6. Home Address (3   | Street, City, S | State and ZIP Co  | de) (optiona | <i>II</i> 7  | Phone Numbers (Include                     | area codel    | 8. Pos         | sition Title                                     | 9             |                            |  |           |                   |  |  |
|  |                 |                   |              |              | Home                                       |               | _              |  |               |                            |  |           |                   |  |  |
|  |                 |                   |              | -            | Office 14 14                               |               | 9. Pos         | sition Lev                                       | el (X one)    | 10. Pay Plan / Ser         | ies / Grad                                 | e / Step  |                   |  |  |
| 11. Organization Na  | me              |                   |              |              | Grinde                                     | 62-2222       | J. 700         | a. Exe   |               |                            | (Rank / MOS / AFSC /or Navy<br>Designator) |           |                   |  |  |
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|  | *** 5==         | ENION NO          | TO A OF      |              | Section B - TRAININ                        |               |                |  | DIIOT         | IONI                       |  |           |                   |  |  |
|  |                 |                   |              |              | M (DMS): A COM                             | PREHEN        | _              |  |               |                            |  |           |                   |  |  |
| 18. Training Objective THE OBJECT  |                 |                   |              |              | EDGE TO                                    |               |                |  |               | g Source, School or Facili |  |           |                   |  |  |
| SUCCESSFUI   |                 |                   |              |              |  |               |                |  |               | G TREE INTERN              | ATIO                                       | NAL       |                   |  |  |
|  |                 | ANSITION          | FROM         | AUTOL        | IN TO DIVIS                                |               |                |  | ess (Include  |                            |  |           |                   |  |  |
| COMPONENT  | 18              |                   |              |              |  |               | 1              |  | ARY ST        |                            |  |           |                   |  |  |
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|  |                 |                   |              |              |  |               |                |  |               |                            |  |           |                   |  |  |
| 20. Course Codes   |                 |                   |              |              | <b></b>                                    |               | <b>⊣</b>       |  | -             | (If other than 19b)        |  |           |                   |  |  |
| a. Purpose   | 1               | f. Security Cle   | earance      | T            | k. Training Program                        |               |                |  | RK, NY        |                            |  |           |                   |  |  |
| b. Type  | 5               | g. Allocation     | Status       | 1            | I. Reason for Selection                    | 1             | 21. Co         | urse hou   | rs (4 digits) | 22. Course Identifiers     |  |           |                   |  |  |
| c. Source  | 3               | h. Priority       |              | 1            | 23. Training Period (YY)                   | MMDD)         | a. Dut         | ty   | 0032          | a. SAID                    | 1  |           |                   |  |  |
| d. Special Interest  | 0               | i. Training Lev   | rel          | 3            | a. Start 9                                 | 90817         | b. No          | n-duty   | 0000          | b. Catalog / Course No     |  | 500       |                   |  |  |
| e. Training Vendor   |                 | j. Method of 1    | raining      | 3            | b. Complete 9                              | 90820         | ¢. TO          | TAL  | 0032          | c. Offering / TLN          | C99  | 07 US     | 500               |  |  |
|  |                 |                   |              |              | Section H - E\                             | /ALUATIO      | N              |  |               |                            |  |           | _                 |  |  |
|  |                 |                   |              |              | Part I (To be comp                         | leted by tr   | ainee)         |  |               |                            |  |           |                   |  |  |
| 48. Was course com   | pleted? (x o    | ne)               | 49. Actua    | l course dat | es   | 50. Actual    | course ho      | urs  |               | 51. Academic grade/        | score                                      |           |                   |  |  |
| a. Yes   |                 |                   | a. Comme     | enced        | b. Completed (YYMMDD)                      | a. Duty       |                | b. Non   | -duty         |                            |  |           |                   |  |  |
|  |                 | n with a memo     | ,,,,,,,,,,   | 50,          | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,    |               |                |  |               |                            |  |           |                   |  |  |
| ext  | plaining circui | mstances)         |              |              |  |               |                |  |               |                            |  |           |                   |  |  |
| E2 Mars all session  | a attandad? /   | 'w anal           |              |              | 1  | <u> </u>      |                | l  |               |                            |  |           |                   |  |  |
| 52. Were all session   | s attenueu:     | x one)            |              |              |  |               |                |  |               |                            |  |           |                   |  |  |
|  | olain)          |                   |              |              |  |               |                |  |               |                            |  |           |                   |  |  |
| B. 140 (EX)  | uiaiii)         |                   |              |              |  |               |                |  |               |                            |  |           |                   |  |  |
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|  |                 |                   |              |              |  |               |                |  |               |                            |  |           |                   |  |  |
|  |                 |                   |              |              |  |               |                |  |               |                            | 1  |           |                   |  |  |
|  |                 |                   |              |              | AREAS OF EVALUATION                        |               |                |  |               |                            |  | RATING    | i                 |  |  |
|  | X               | appropriate colu  | ımn to indic | ate your eva | luation of items 53 throug                 | h 64. Do not  | attempt to     | o split a r                                      | ating.        |                            |  |           | T                 |  |  |
|  |                 |                   |              |              |  |               |                |  |               |                            | Α .  | В         | С                 |  |  |
| 53. Stated objective   | accomplishe     | d                 |              | A = Yes      |  | B = Partially | -,             | -  | C = No        |                            | 1  |           |                   |  |  |
| 54. Coverage of sub  |                 |                   |              | A = Excelle  |  | B = Sufficien | t              |  | C = Poor      |                            | <b>+</b>                                   |           |                   |  |  |
| 55. Organization of  |                 |                   |              | A = Well o   |  | B = Adequate  |                |  | C = Poorly    | organized                  | +  |           | ļ                 |  |  |
|  |                 |                   |              | A = Excelle  |  | B = Adequate  |                |  | C = Poor      |                            | -  | -         |                   |  |  |
| 56. Suitability of ins   |                 | reitais           |              |              |  |               |                |  | C = Fooi      | mentary                    |  |           |                   |  |  |
| 57. Level of difficult   |                 | ·                 |              | A = Too ac   |  | B = Appropri  |                |  | C = Too ele   | <u> </u>                   |  |           |                   |  |  |
| 58. Length of course   |                 |                   |              | A = Too lo   |  | B = Appropris |                |  |               |                            |  |           |                   |  |  |
| 59. Amount of outsi  |                 | g work            |              | A = Too m    |  | B = Appropris | a(e            |  | C = Insuffic  | Jent                       |  |           |                   |  |  |
| 60. Effectiveness of   |                 |                   |              | A = Excelle  |  | B = Good      |                |  | C = Poor      |                            | +  |           |                   |  |  |
| 61. Applicability of   | subject matte   | r to the job      |              | A = Signifi  |  | B = Adequate  |                |  | C = Insignit  | ficant                     | <b>_</b>                                   |           | ļ                 |  |  |
| 62. Facilities   | <u></u>         |                   |              | A = Excelle  | ent  | B = Good      |                |  | C = Poor      |                            |  |           | _                 |  |  |
| 63. Recommendation   |                 |                   |              |              |  |               |                |  |               |                            |  |           | 1                 |  |  |
| OJ. Necommendation   | n to colleagu   | es                |              | A = Highly   | recommended                                | B = Recomm    | ended          |  | C = Not red   | commended                  |  |           |                   |  |  |

|  | <u> Section H - EVALUATIO</u>   | N - Continued                           |            |          |   |
|--|---------------------------------|---|------------|----------|---|
|  | Part II (To be completed        | by trainee)                             |            |          | • |
| 65. Comments on strong points of course                |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
| 66. Comments on weak points of course                  |                                 |   |            | <u> </u> |   |
|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
| 67. What were your objectives in taking this course? V | vere they met?                  |   |            |          |   |
|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
| 68. Do you recommend this program for others? If so,   | whom?                           |   |            |          |   |
| 68. Do you recommend this program for others? It so,   | WHOTH                           |   |            |          |   |
|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
| 69. Additional comments                                |                                 | 10.2001.001.0000.0000.0000.0000.0000.00 |            |          |   |
| 65. Additional comments                                |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
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|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
| 44.44  |                                 |   | 1          |          |   |
| 70.a.Signature of trainee                              |                                 |   | b. Date si | gnea     |   |
|  |                                 |   |            |          |   |
| Part II  | I (To be completed by trainee's | immediate supervisor)                   |            |          |   |
| 71. Have you discussed this course and its application | to the job with this employee?  | (X one)                                 | Yes        | No       |   |
| 72. Were the objectives of the training achieved?      |                                 |   |            |          |   |
| 72. Were the objectives of the training achieved:      |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
| -  |                                 |   |            |          |   |
| 73. Additional comments                                | , <u> </u>                      |   |            |          |   |
| 73. Additional comments                                |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
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|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
|  |                                 |   |            |          |   |
| 74.a.Signature of supervisor                           | b. Date signed                  | PERSON                                  | NNEL USE ( | ONLY     |   |
|  |                                 |   |            |          |   |
|  | 1                               |   |            |          |   |



#### You Will Learn How To

- Apply DMS concepts and terminologies in your workplace
- Identify DMS hardware and software components and applications
- Describe the DMS writer-to-reader electronic messaging system
- Provide message integrity and privacy with authentication and encryption
- Transition from AUTODIN to DMS

Prepare for DMS according to the **OMS** implementation phases

#### **Course Benefits**

DMS has been mandated by the Department of Defense (DoD) for secure communications worldwide. DMS is replacing AUTODIN with an integrated, common user X.400 and X.500 directory services system. The successful transition to DMS requires knowledge of its essential components and how they interact.

In this course, you gain extensive knowledge of Defense Message System terminology, methodology, components and implementation strategies. You also learn how electronic messages are prepared, transmitted and received within the DMS infrastructure.

#### Who Should Attend

This course is valuable for anyone responsible for planning the transition to DMS, including managers, integrators and operators in the armed forces and their components, allied government and civilian agencies and contractors.

Dec 7-10

#### 4-Day Courses: Tuesday-Friday Oct 12-15 Washington, D.C. July 13-16 New York Washington, D.C. Oct 26-29 Nov 30-Dec 3

Washington, D.C. New York Aug 17-20 Aug 24-27 Washington, D.C. Washington, D.C. Sept 21-24 **New York Boston** Oct 5-8

All Learning Tree courses can be presented on-site at your facility. Please call and ask about our "On-Site Courses.

#### Course 500: Content

#### INTRODUCTION TO THE DEFENSE **MESSAGE SYSTEM (DMS)**

Rationale for DMS

- The DMS management structure
- Differentiating between organizational and individual messaging
- Retaining the best of AUTODIN

#### The JCS mandate

- The Multicommand Required Operational Capability (MROC)
- Concept of Operations (CONOP)
   The 12 validated requirements

#### **DMS MESSAGE FUNDAMENTALS**

Organizational messaging cycle

- Preparation and release process
- Message delivery phase
- Receipt, notification and distribution of organizational messages

#### **DMS** architecture

- User and network interfaces
- Security domains
- Component networks used by DMS

#### X.400/X.500 IMPLEMENTATION IN DMS

Protocols and/or transport services Organizational messaging with X.400

- Benefiting from directory management with X.500
- Utilizing X.500 for global addressing

DMS extensions and specialty products

- P22 IP message and extended P772 military message
- P42 security headers
- DMS Mail List Agent (MLA)

#### **DMS INFRASTRUCTURE**

**Components of DMS** 

- ■UA PUA DSA MFI ■HAG ■ CAW ■ MLA ■ MWS
- The Message Transfer System (MTS)

  MTA = SMTA = PGWS = BMTA

#### **DMS-provided services**

- Messaging Directory Security
- Management Remote access

#### **DMS SECURITY**

#### Real-world threats that impact message security

- Interception Masquerading
- Interruption and repudiation
- Eavesdropping Spoofing

#### Countermeasures using the DMS security model

- Confidentiality Integrity

  Authenticity Encryption
- Non-repudiation
   Availability

#### Implementing the DMS security model ■ Defining the public key infrastructure

- X.509 certificates
- NSA Multilevel Information System Security Initiative (MISSI)

#### FORTEZZA Services with CAPSTONE and SKIPJACK

- Private and public key encryption
- Digital signatures

#### **MIGRATING TO DMS**

**AUTODIN** to DMS transitional strategic

■ Total DMS migration to the desktop

■ Flexible DMS implementation plan

Enabling AUTODIN and DMS coexistence
Providing gateways with transition hub

- Translating message formats
- Analyzing and preparing sites

Categories of messaging architecture

- Classified vs. UNCLAS LANs
- Maintaining security zone separation

#### **DMS IMPLEMENTATION PHASES**

**DMS 1.1** 

- Initial organizational messaging
   Shifting from AUTODIN dependency

#### **DMS 2.0**

- Updating operating systems
   Refreshing COTS technology
   Y2K compliance

#### **DMS 2.1**

- Profiling User Agent (Domain FORTEZZA)
- High Assurance Guard (HAG)
- TOP SECRET support
- Operating System Security Phase II

#### DMS 2.2

- MFI performance enhance
- ACP 120 prototyping support
- Operating System Security Phase III

- X.509 Version 3 certificates
- TS/SCI support
- CAW 4.2



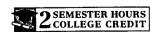
During this course, examples of user agent functionality are demonstrated,

- Querying X.500 directory databases
- **Navigating through User Agent** features
- Creating a DMS message

#### Course Workshop

Throughout the course, extensive in-class workshops provide you with practical experience preparing for the transition to DMS, including:

- Evaluating the pros and cons of combining e-mail and AUTODIN messaging services
- Completing a site preparation checklist
- Developing a transitional flowchart
- Creating an action plan to support your messaging requirements



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